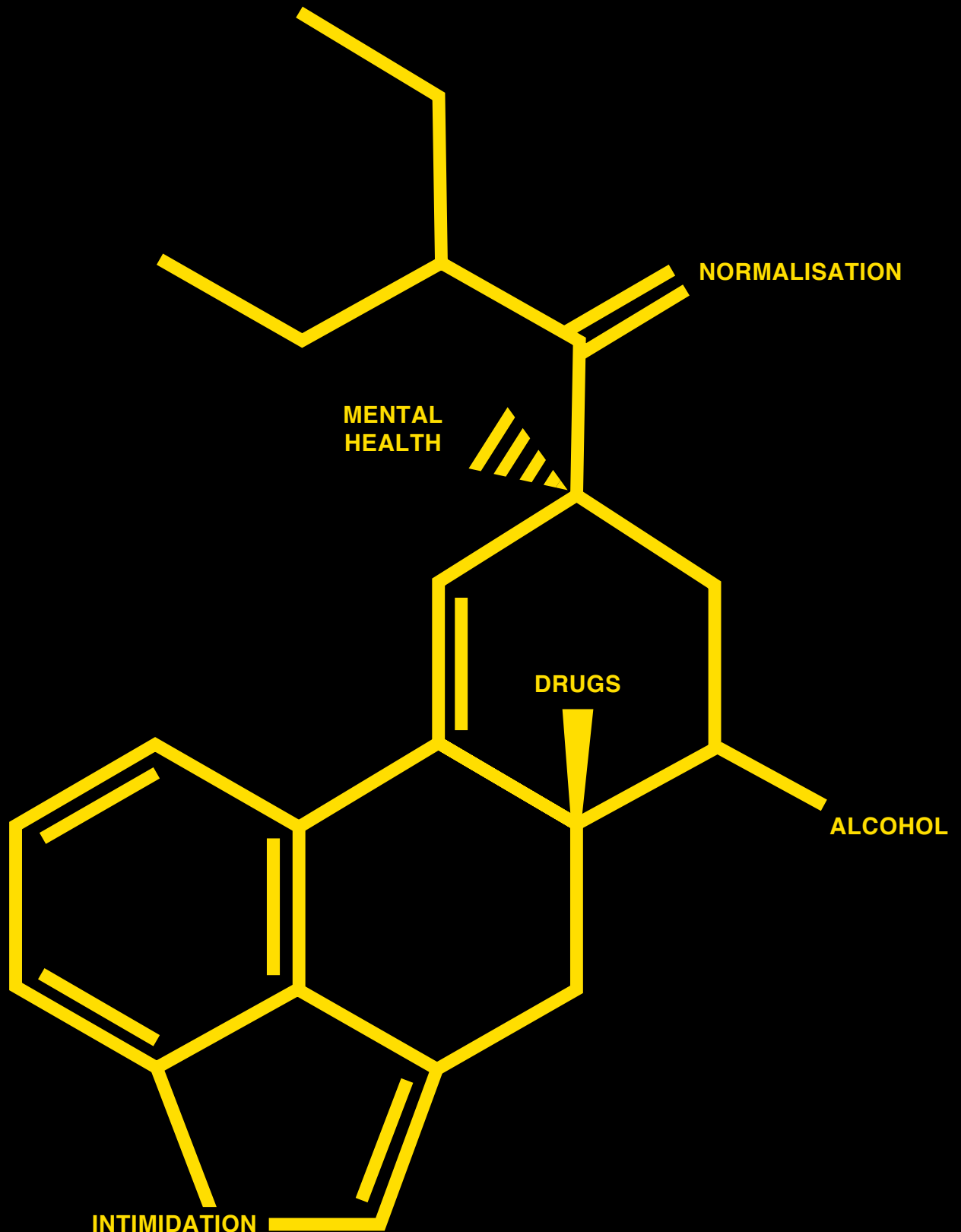


Blanchardstown Local Drug and Alcohol Task Force

Drug and Alcohol Trends Monitoring System (DATMS) 2019: Year 4



Janet Robinson and Jim Doherty
Researchers

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INTRODUCTION

The Blanchardstown Local Drug and Alcohol Task Force (BLDATF) is one of fourteen Local Drug and Alcohol Task Forces established in 1997 in response to high levels of drug misuse within communities. We are responsible for implementing the National Substance Misuse Strategy and facilitating a more co-ordinated response in tackling drug and alcohol use and misuse in Dublin 15.

Since 1997, Blanchardstown has greatly developed and grown as an area. Many different services and interventions have been developed by the BLDATF to help the people living in Dublin 15 over that time. Unfortunately, the problems caused by drugs and alcohol have also grown and changed in many ways. Therefore, the interventions that are put in place to ameliorate these problems must also be capable of adapting to this change. A prerequisite for being able to adapt and change services is a thorough, comprehensive and deep knowledge of the problems of the area. We started the Blanchardstown Drug & Alcohol Trend Monitoring System (DATMS) in 2015 to provide us with such an analysis. It is our intention to produce a new report every year to ensure that we will always have a strong, local evidence base for everything that we do.

For the purpose of this study we chose to **categorise drug and alcohol use as treated and untreated drug use rather than as problem and recreational drug use**. This is because the question of whether or not drug use is a problem for an individual is a subjective question which can only be properly answered by the individual, their family or close contacts; whereas, the question of whether drug use is treated or untreated is an objective measurement. The term 'recreational' drug use tends to de-emphasise the seriousness of the behaviour. It should be noted that individuals often underestimate the harm to themselves and rarely perceive the harm to the community which results from such behaviours.

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES & METHOD

In 2015 we developed our DATMS in Dublin 15. The objective was to establish an evidence base for drug use in Dublin 15 and use this data to inform local service provision. In order to always have current information and to monitor changes over time the study is repeated annually. This report documents the fourth year of our DATMS. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 relates to 2017 and Year 4 to 2018. The DATMS employs a mixed-method design comprised of primary and secondary data sources.

TREND ANALYSIS

As we now have four years of data, it is evident that there are two recurring themes emerging from different data sources over these four years. These themes provide us with a deeper understanding of the nature and consequences of drug and alcohol use in Dublin 15. As these themes have been produced by a range of data sources, the validity of the research findings has been strengthened.

Theme 1: Drug use in Dublin 15 is a community wide issue that crosses all socio-economic boundaries

This theme profiles drug use in Dublin 15 as a community wide issue that crosses all socio-economic boundaries. It has been identified by our treatment demand, untreated drug use, education and family support data. The evidence is as follows:

1. Since Year 2, mapping treatment demand has identified that treated drug users were from every community in Dublin 15, from the affluent to the deprived.
2. Year 1 to 4 reported treated drug users aged under 18 attended secondary schools with and without DEIS status. Since Year 3, the evidence reports that these schools were located in affluent and deprived areas.
3. All four years of the DATMS reported untreated drug use among all socio-economic groups, ethnicities and in all areas of Dublin 15.
4. Year 1 to 4 reported drug dealing occurred in local secondary schools. Since Year 2, the evidence reports that these schools were located in affluent and deprived areas and included those with and without DEIS status.
5. All four years of the DATMS reported drug use before and during school time in local secondary schools. Since Year 2, the evidence reports that these schools were located in affluent and deprived areas and included those with and without DEIS status.
6. Year 4 mapping treatment demand for BLDATF Family Support Service identified that clients were from every community in Dublin 15, from the affluent to the deprived.

Theme 2: Normalisation of drug and alcohol use in Dublin 15

In all four years of the DATMS the normalisation of drug use has featured prominently. The common perception was that alcohol and drugs were widely used, risk free and socially acceptable. This theme has been identified by the following data sources: treatment demand, untreated drug use, factors that contribute to drug use and gaps in service provision. Alcohol was the most normalised drug in Dublin 15, followed by cannabis, cocaine powder, benzodiazepines and z drugs. Service providers and drug users reported the following consequences of normalisation:

1. From Year 3 to 4, service providers reported an increase in drug use among young people and perceived this increase to be associated with the normalisation of drug use.
2. The normalisation of drug use may be a factor contributing to the reduction in the age of drug users in Dublin 15. Year 3 to 4 reported that untreated drug users were getting younger. This included young people who used cannabis during school time.
3. Since Year 3, data concerning gaps in service provision has reported the need to improve treatment programmes for under 18s and young people aged 18 to 25 years. Research participants reported that these programmes need to pro-actively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment. The normalisation of drug and alcohol use may be a factor that hinders help-seeking for drug and alcohol issues.
4. Since Year 2, an increase in the number of under 18s dealing drugs has been reported. The normalisation of drug use may influence a young person's decision to become involved in drug dealing as they may not identify the negative consequences of such behaviour. This contributes to the ease of access to drugs in Dublin 15; whereby young people distribute drugs to their peers and friends.
5. All four years of the DATMS reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence. The majority of treated drug users who participated in Year 3 and 4 reported having family members who also had issues with drugs and/or alcohol.
6. Treatment demand data reports the main drugs used were those which were normalised, with the exception of heroin.
 - Treated drug users aged under 18: From Year 1 to 4, cannabis herb was the most commonly used drug followed by alcohol. Since Year 2, an increase in the use of cannabis herb, cocaine powder and alcohol was reported.
 - Treated adult drug users: Since 2011, NDTRS data reports cannabis as the most common reason for new entrants to treatment. From Year 1 to 4, an increase in the use of cannabis herb, alcohol, powder cocaine, benzodiazepines and z drugs was reported.

SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15, 2006-2016

- Dublin 15 population increased by 20% from 90,974 in 2006 to 109,895 in 2016
- Population has become younger and more ethnically diverse
- Stabilisation of unemployment levels after an increase during the economic downturn
- Increase in educational attainment of population
- Increase in privately rented housing and decrease in owner occupied housing
- Dublin 15 remains categorised as marginally above average; the deprived population decreased from 31% in 2006 to 24% in 2016

TREATED DRUG USE

TREATED DRUG USERS AGED UNDER 18

- Treated cases aged under 18 increased from 51 in Year 1 to 97 in Year 4
 - Over the reporting periods, 1% of the Dublin 15 population aged 12 to 17 years has attended treatment for drug and/or alcohol use
- From Year 1 to 4, the profile of treated cases has remained similar:
 - The majority of cases were male and Irish
 - Cannabis herb was the most commonly used drug followed by alcohol
 - The majority of cases were polydrug users
 - An increase in the use of cannabis herb, cocaine powder and alcohol was reported among treated young drug users; Year 4 also reported an increase in the use of benzodiazepines, z drugs, ketamine, MDMA, cannabis oil, lean (syrup) and solvents

TREATED DRUG USERS AGED 18 AND OVER

- NDTRS data reports an increase in the number of treated cases from 292 in 2016 to 348 in 2018
 - From Year 1 to 4, an estimate of less than 1% of the Dublin 15 population aged 18 to 64 years has attended treatment for drug and/or alcohol use
 - From 2016 to 2018, the profile of treated cases has remained similar:
 - The majority of treated cases were Irish, male, aged 35 to 44 years
 - A third of cases were in treatment for drugs for the first time
 - The three main problem drugs were alcohol, heroin and cocaine
 - A fifth of treated cases reported injecting drug use
 - The majority of cases were treated for polydrug use
- Changes in the profile of treated adult drug use included:
 - From Year 1 to 4, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs
 - Year 4 also reported an increase in the use of pregabalin (lyrica), heroin and cannabis oil
 - The use of cannabis concentrates by treated adult drug users was first reported to the DATMS in Year 4

UNTREATED DRUG USE

- All four years of the DATMS reported similar profiles of untreated drug use by young people and adults:
 - Alcohol, cannabis herb, MDMA and cocaine powder were the main drugs used
 - Polydrug use was the norm with alcohol being an integral part of it
 - Changes in the profile of untreated drug use included:
 - Untreated drug users were getting younger
 - An increase in the use of alcohol, cannabis herb and oil, powder and crack cocaine, benzodiazepines, z drugs, ketamine and lean (syrup) was reported
 - The use of the nitrous oxide and GHB by untreated drug users was first reported to the DATMS in Year 4
- Prevalence rates estimated 24,630 (80%) Dublin 15 residents aged 15 to 34 years used alcohol in the last year compared with 40,440 (80%) aged from 35 years; and 4,926 (16%) Dublin 15 residents aged 15 to 34 years used illegal drugs in the last year compared with 2,022 (4%) aged from 35 years

FACTORS CONTRIBUTING TO DRUG USE

EASY ACCESS TO DRUGS AND ALCOHOL

- Factors contributing to the ease of access to drugs included an increase in the number of people dealing drugs in Dublin 15
- Changes in the availability of drugs in Dublin 15 included:
 - Since Year 1, an increase in the availability of benzodiazepines and z drugs has been reported
 - Since Year 3, an increase in the availability of powder and crack cocaine, cannabis herb and heroin has been reported
 - Year 4 reported an increase in the availability of cannabis oil

NORMALISATION OF DRUG AND ALCOHOL USE

- As reported above in the trend analysis section

FAMILY CONTEXT

- All four years of the DATMS reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence
- Prevalence rates estimate 15%-24%% (4,907 to 7,852) of children were impacted by parental illicit drug use in Dublin 15, and an estimate of 14%-37% (4,580 to 12,105) children were impacted by parental alcohol dependency in Dublin 15

MENTAL HEALTH

- From Year 1 to 4, service providers reported an increase in the incidence of mental health issues among children and young people
- Poor mental health is a risk factor for drug use which identifies the importance of early intervention

CONSEQUENCES OF DRUG AND ALCOHOL USE

HEALTH CONSEQUENCES

- Data suggests the use of GHB/GBL has increased which may suggest that the prevalence of chemsex has also increased
- HIPE data from 2012 to 2018 reported the following:
 - From 2012 to 2017, the number of treatment episodes for mental health and behavioural disorders due to drug use among Dublin 15 residents increased though in 2018, this upward trend decreased
 - From 2012 to 2017, the number of treatment episodes for drug-related poisonings (overdoses) among people living in Dublin 15 increased though in 2018, this upward trend decreased
- NDRDI data reports drug-related deaths due to poisoning (overdose) increased by 33% from 266 in 2004 to 354 in 2016:
 - Alcohol was implicated in 1 in 3 poisoning deaths
 - Prescription drugs were implicated in 7 out of 10 poisoning deaths
 - Polydrug use was involved in 3 in 5 poisoning deaths

SOCIAL CONSEQUENCES

- All four DATMS years reported the negative impact drug use has on family relationships, employment, finances, housing and education
- In 2018, the BLDATF developed a Family Support Service that provides a range of evidence-based programmes and practices for adults; 115 people attended the service in 2018
 - A case study of the 5 Step Method reported that the service had a positive and empowering impact

DRUG-RELATED CRIME

- All four years of the DATMS reported the existence of drug-related crime in Dublin 15
- Year 3 and 4 reported drug-debt intimidation was the most frequently occurring crime with an increase in its frequency from Year 2 to 4

SERVICE PROVISION STRENGTHS & GAPS IDENTIFIED BY RESEARCH PARTICIPANTS

STRENGTHS OF ADDICTION SERVICES

- The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation, drug free to rehabilitation programmes for adults
- The service provision for under 18s has been improved with the development of the new community drug team D15 CAT
- The service provision for family members affected by drug use has been improved with the development of BLDATF Family Support Service and D15 CAT
- Peer-led family support groups provide supportive and non-judgemental environments for family members affected by drug use

GAPS IN SERVICE PROVISION

Education & prevention

- Improve drug prevention programmes for under 18s
- Funding for public awareness campaign 'Think before you buy'
- Increase access to skills based mental health wellbeing programmes for young people and adults
- Increase knowledge of local service provision on a local and targeted basis
- Education and information for family members about latest drug trends

Treatment

- Improve treatment programmes for under 18s and young people
- Improve access to naloxone, the antidote to opioid overdoses
- Improve access to childcare to increase access to treatment and rehabilitation services
- Develop a stabilisation programme for non-opioid polydrug users
- Integrate counselling and rehabilitation services into methadone maintenance treatment
- Improve access to detoxification programmes
- Improve access to peer-led support services
- Increase access to mental health services for children, young people and adults

Rehabilitation

- Improve access to aftercare services, training, employment and housing

2. DATMS RESEARCH OBJECTIVES & METHOD

RESEARCH OBJECTIVES

Establish evidence base for drug use in Dublin 15 to inform local service provision	<ul style="list-style-type: none"> • Profile drug use in Dublin 15 • Identify gaps in service provision
Repeat annually	<ul style="list-style-type: none"> • Always have current information • Monitor changes in drug use over time

RESEARCH MODEL

The DATMS model employs a mixed-method design comprised of the following primary and secondary data sources:

PRIMARY QUANTITATIVE DATA: DATMS YEAR 4 (2018)	
Drug treatment data	<ul style="list-style-type: none"> • Profile drug users treated in Dublin 15* • Treated drug users area of residence visually represented on Dublin 15 map^ • Changes in drug use and drug related issues~
Untreated drug use~	<ul style="list-style-type: none"> • Drugs used and changes in drug use • Factors contributing to drug use
Family members affected by drug use~	<ul style="list-style-type: none"> • Profile of family members attending BLDATF Family Support Service • Impact of drug use on families

* For the profile of treated cases aged under 18, Year 1 to 4 collected treatment demand data from local services. For the profile of treated adult cases, this method was used for Year 1 and 2. From Year 3, treatment demand data has been provided by the National Drug Treatment Reporting System (NDTRS; see Secondary Data Sources). The reasons for this change included:

- The new NDTRS LINK System (online web-based reporting system) reduced data reporting times: prior to this, NDTRS data was time lagged and DATMS data was used to produce current data.
- To increase the quality of the data: DATMS data has no unique identifiers and treated drug users are counted more than once if they attend more than one local service. While the NDTRS data has no unique identifiers, the system has the capacity to remove duplicate cases thus providing more robust data.
- To end duplication in data reporting i.e. local services reporting to BLDATF and NDTRS.

^ Since Year 2 we have mapped treatment demand data in Dublin 15 for two reasons. Firstly, to identify the area of residence for treated drug users. Secondly, to find out the extent of the drug and alcohol dependence throughout Dublin 15. We repeat this mapping each year to identify any changes in the extent of drug and alcohol dependence throughout Dublin 15. For mapping purposes, the map of Dublin 15 was divided into quadrants that were 0.45 kilometres square. This unit of measurement was chosen as it is small enough to allow accurate mapping but large enough to protect client anonymity. Data was provided by the following local services: D15 CAT, Substance Abuse Service Specific to Youth and Blanchardstown Youth Service Drug Education Prevention programme, Mulhuddart/Corduff Community Drug and Alcohol Team, Tolka River Project and Coolmine Therapeutic Community (Coolmine Lodge, Ashleigh House, Community Alcohol Programme).

~ Year 1 and 2 used qualitative methods to collect data concerning treated and untreated drug use and the impact of drug use on families. This method is more resource hungry than quantitative methodologies. Due to limited resources, from Year 3, quantitative methods have been used to collect and analyse this data. A questionnaire was devised to collect data and descriptive statistics were used to analyse it. To add more depth to the quantitative data, Year 4 included a qualitative case study concerning our new Family Support Service.

RESEARCH PARTICIPANTS

The total number and type of participants that contributed to Year 4 is reported in the table below (Table 2.1).

Table 2.1: Number and type of participants, DATMS Year 4

Participant type	Number of participants
Service providers	36
Treated drug users*~	27
Untreated drug users*~	19
Young people*~	8
Family members affected by drug use~	22
Total	112

* Includes participants aged 16+ years

~Includes participants from the following ethnic backgrounds: White Irish, Irish Traveller, Irish African, Irish Eastern European

SECONDARY DATA SOURCES: DATMS YEAR 4 (2018)

Drug prevalence indicator	<ul style="list-style-type: none"> All-Ireland Drug Prevalence Survey (National Advisory Committee on Drugs and Alcohol): prevalence of drug use among general population aged 15+ years
Drug treatment indicator	<ul style="list-style-type: none"> National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland
Other drug-related indicators	<ul style="list-style-type: none"> Hospital In-Patient Enquiry Scheme (Healthcare Pricing Office): drug and alcohol related morbidity from in-patient discharges from national acute hospitals National Drug-Related Deaths Index (Health Research Board): census of drug-related deaths in Ireland Profile of family members attending local community services
Mental health	<ul style="list-style-type: none"> Profile of treatment demand for children and youth community mental health services

See Year 1 for more detailed information concerning the rationale for the development of the DATMS, its methodology and ethical considerations.

METHODOLOGICAL LIMITATIONS & GAPS IN EVIDENCE BASE

Each year we strive to improve the quality of the data produced for our DATMS. It is a continuous challenge to ensure that the primary and secondary data sources are complete.

In relation to the primary data sources, local services and community members work hard to assist us with the recruitment of research participants. In all four years of the DATMS, the recruitment of some target groups has been difficult. The table below identifies the target groups that are under-represented and those that have increased in representation (Table 2.2).

Table 2.2: Representation of participant target groups, DATMS Year 1 to 4

Target Group		Year 1	Year 2	Year 3	Year 4
Untreated drug users	Aged 25 years & over	*	*	*	*
	Females	*	*	*	*
	Ethnic diversity	*	*	↑	↑
Treated drug users	Aged 18 to 24 years	*	*	*	↑
	Females	*	*	*	*
	Ethnic diversity	*	*	*	*
Family members affected by drug use	Females	*	*	*	↑
	Males	*	*	*	*
	Ethnic diversity	*	*	*	*

*Target group under-represented

↑ Increase in representation of target group

This limitation has resulted in the production of limited data concerning these target groups. Where possible, other data sources have been employed to attempt to overcome this limitation. For example, an analysis of the NACDA Drug Prevalence Survey (see Secondary Data Sources) has been presented to provide data concerning drug use among the general population (untreated drug use). Year 4 identified several new gatekeepers who facilitated access to participants who were previously under-represented.

Year 5 will continue to work hard to ensure that all target groups are represented in the DATMS. In particular, the lack of female treated drug users will be focused on, though this will be difficult as they are also under-represented in treatment services. The opposite situation is seen among family members affected by drug use, with males under-represented in services and peer groups. Year 5 will continue to work towards increasing the data quality from all ethnicities living in Dublin 15.

In relation to the secondary data sources, the table below identifies gaps in evidence bases and the need to improve the quality of data (Table 2.3).

Table 2.3: Gaps in local evidence base, DATMS Year 4

Data type	
Treated drug use	To create a more robust profile of treated drug use the quality of data returns to the NDTRS needs to be improved.
Family members affected by drug use	A range of family support services and peer-led groups were contacted to provide a profile of family members attending these services. These services were the Genesis Psychotherapy & Family Therapy Service, Blakestown Mountview Youth Initiative, Mulhuddart/Corduff Community Drug & Alcohol Team, Neighbourhood Youth Project, D15 CAT, Blanchardstown Youth Service Working to Enhance Blanchardstown (WEB), Peer-led groups P2P, Craft, Cri Croiga 1 & 2. Unfortunately, not all of these services were able or willing to comply, resulting in the production of an incomplete dataset. Table 7.3 in the chapter 'Consequences of drug & alcohol use' reports the services and peer-groups that provided data.
At-risk youth population	Two services were approached to provide a profile of Dublin 15 at-risk youth population. These services were the Blanchardstown Youth Service and Tulsa Education Welfare Service. Unfortunately, these services were unable or unwilling to comply.
Mental health (as a risk factor for and consequence of drug use)	Several mental health services were contacted to provide a profile of treatment demand for children, youth and adult mental health services. These services were the Genesis Psychotherapy & Family Therapy Service, Jigsaw Dublin 15, HSE Substance Abuse Service Specific to Youth (SASSY), HSE Addiction Psychiatry Service and HSE Addiction Counselling Service. Only Jigsaw Dublin 15 provided data; the profile is reported in the mental health section of the chapter 'Factors contributing to drug & alcohol use'.

3. SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15, 2006-2016

Year 3 provided a trend analysis of the socio-economic profile of the Dublin 15 population from 2006 to 2016 (Central Statistics Office (CSO), 2006, 2011, 2016). A summary of this data has been provided below; see Year 3 for the full analysis.

- Dublin 15 population increased by 20% from 90,974 in 2006 to 109,895 in 2016
- Population has become younger and more ethnically diverse
- Stabilisation of unemployment levels after an increase during the economic downturn
- Increase in educational attainment of population
- Increase in privately rented housing and decrease in owner occupied housing
- Dublin 15 remains categorised as marginally above average; the deprived population decreased from 31% in 2006 to 24% in 2016

The following charts report the socio-demographic profile of the Dublin 15 population from 2006 to 2016 (Charts 3.1 to 3.5).

Chart 3.1: Dublin 15 population, CSO 2006 to 2016

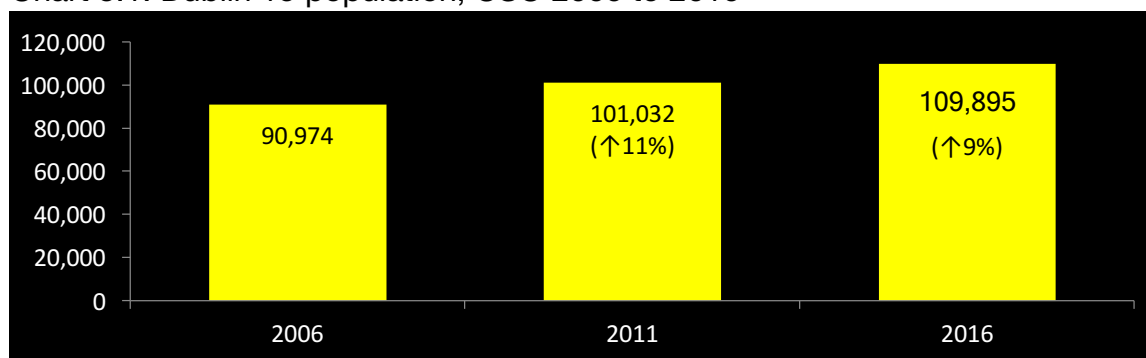


Chart 3.2: Dublin 15 population by age range, CSO 2006 to 2016

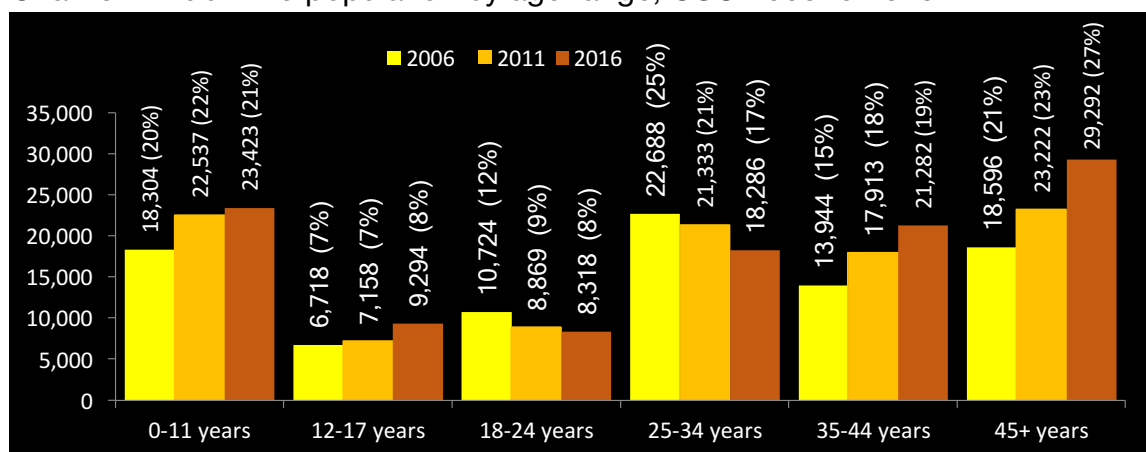
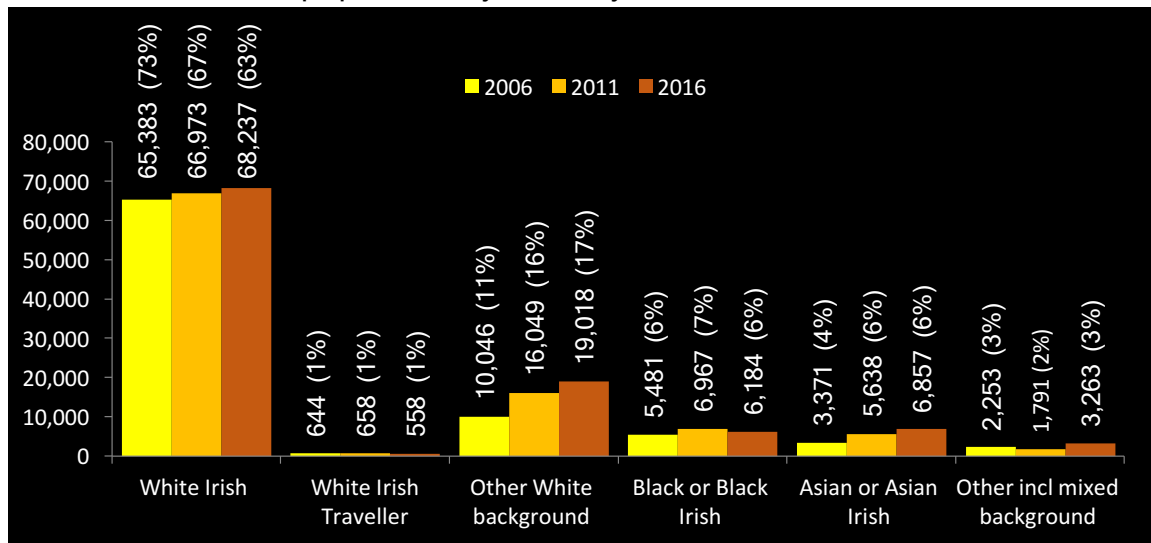
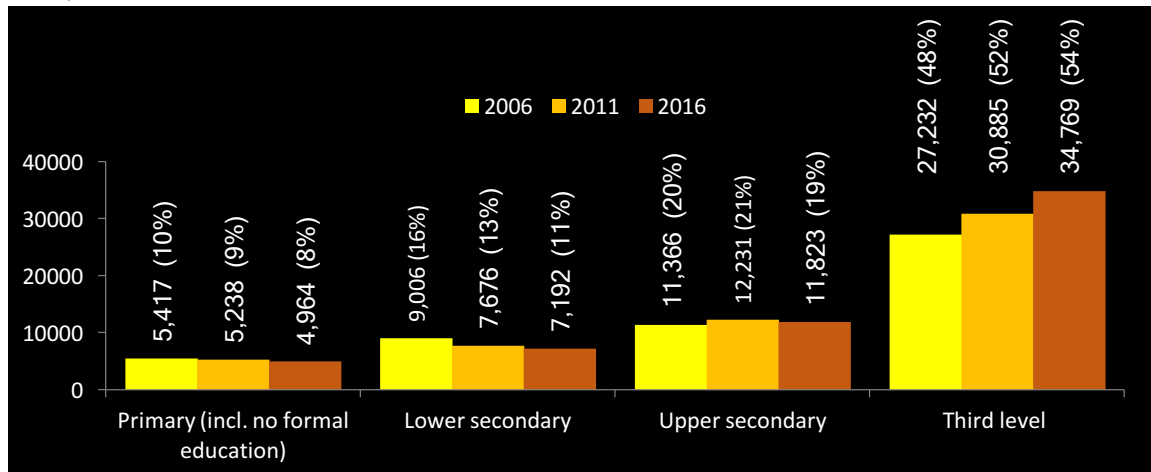


Chart 3.3: Dublin 15 population by ethnicity, CSO 2006 to 2016



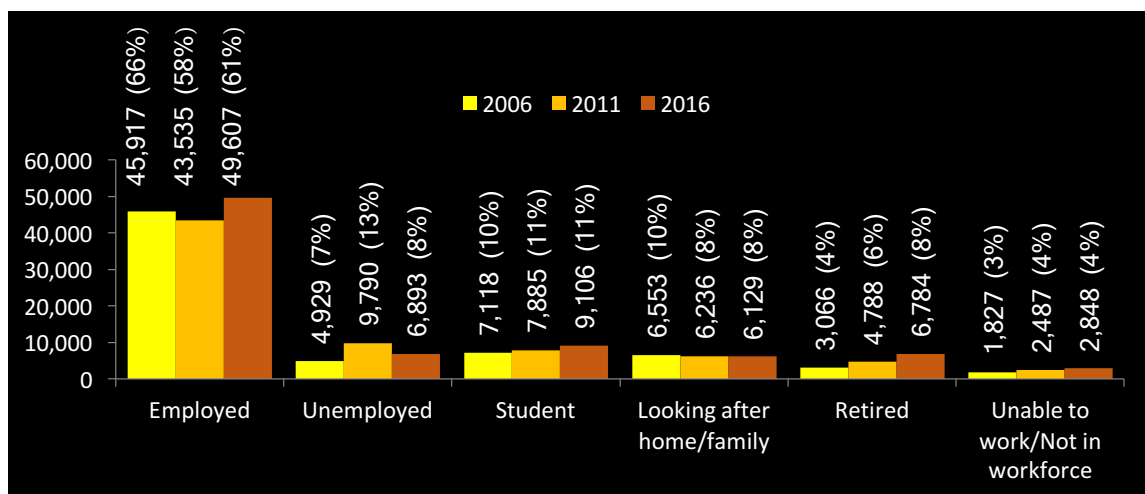
Category totals less than population totals as category 'unknown' not included

Chart 3.4: Educational attainment of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



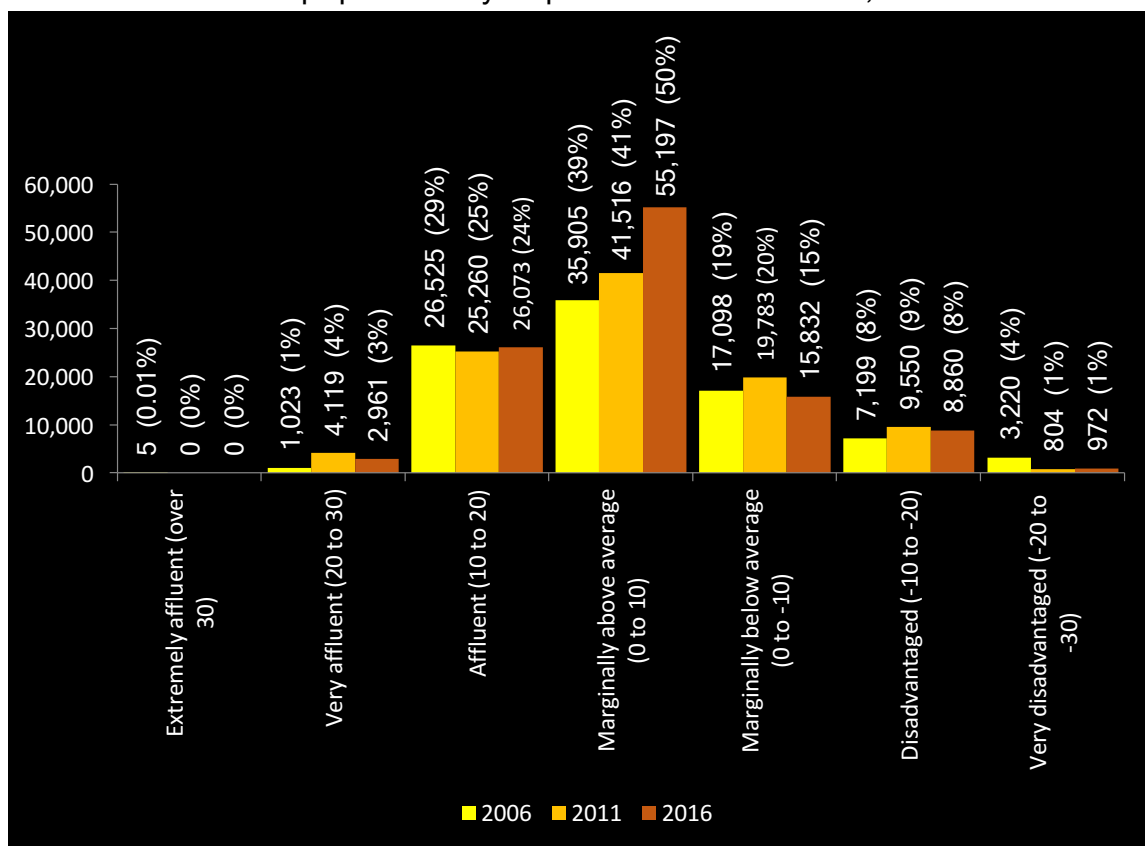
Category totals less than population totals as category 'unknown' not included

Chart 3.5: Economic status of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



The Pobal HP Deprivation Index identifies the geographical distribution of affluence and deprivation in Ireland (Central Statistics Office, 2006, 2011, 2016). The Small Area Population Statistics (SAPS) analysis has been used to calculate the population of Dublin 15 living within different levels of affluence and deprivation. The majority of the population is classified as marginally above the average (Chart 3.6).

Chart 3.6: Dublin 15 population by Deprivation Index Scores, 2006 to 2016



DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

From 2006 to 2016, there was a 7% decrease in the proportion of Dublin 15 population classified as deprived (Charts 3.7 and 3.8).

Chart 3.7: Dublin 15 deprived population, 2006 to 2016 Deprivation Index

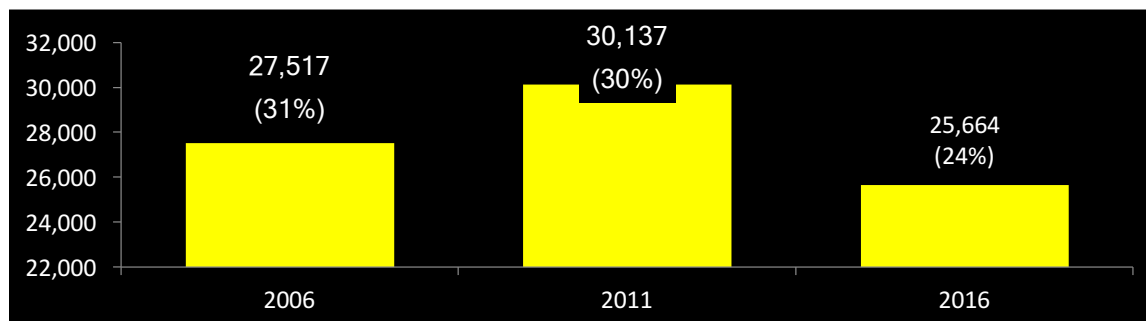
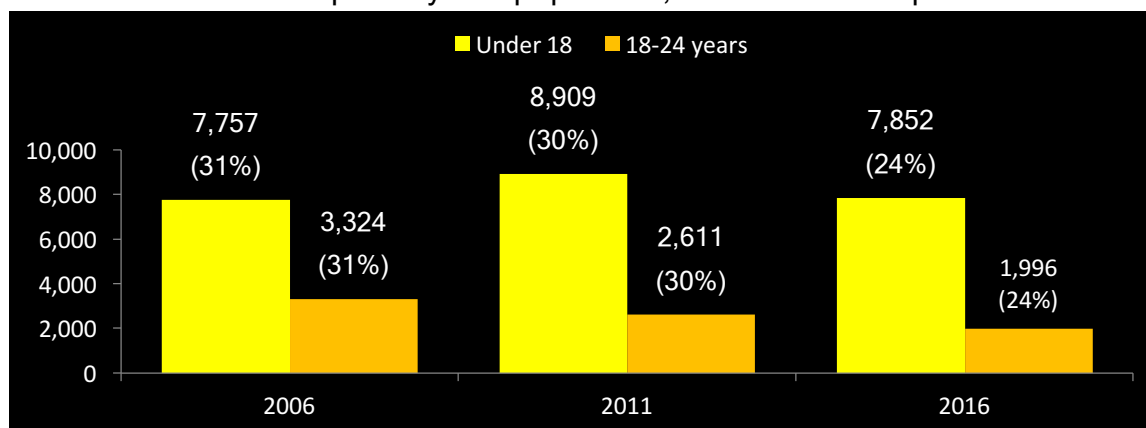


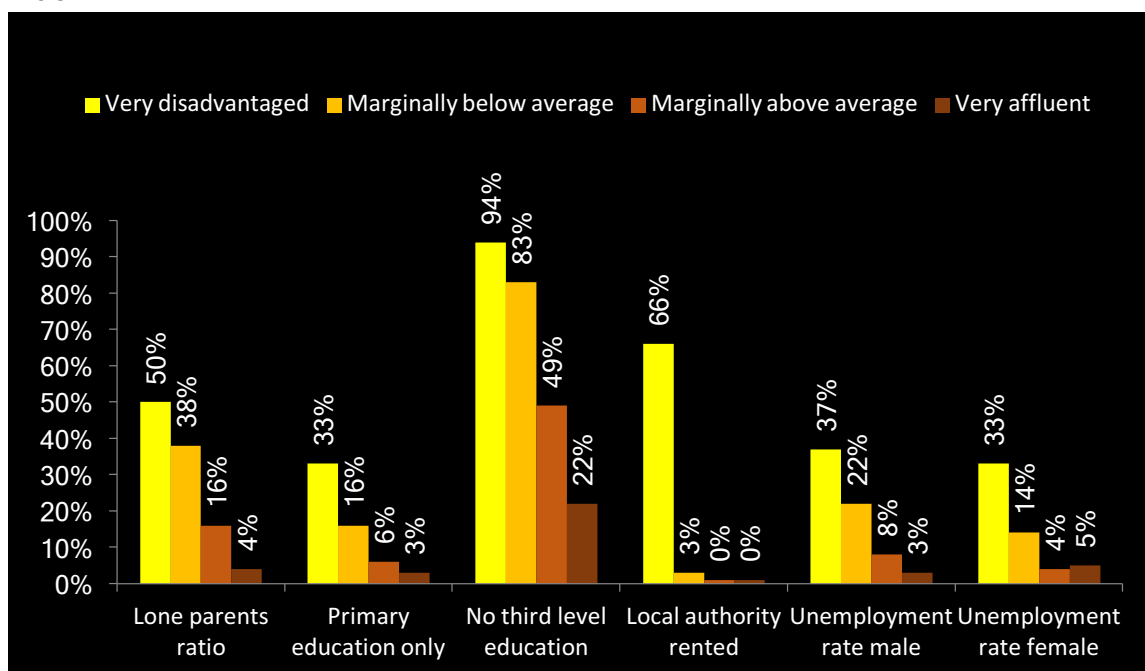
Chart 3.8: Dublin 15 deprived youth population, 2006 to 2016 Deprivation Index



The following chart describes the socio-demographic and economic characteristics associated with different levels of deprivation and affluence (Chart 3.9). It identifies that the most disadvantaged have the lowest levels of educational attainment and the highest rates of lone parents, unemployment and local authority housing; as affluence increases the converse is reported.

SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15

Chart 3.9: Socio-demographic and economic characteristics of four Small Area deprivation and affluence categories in Dublin 15, 2016 Deprivation Index



4. TREATED DRUG AND ALCOHOL USE

Treatment demand data contains no unique identifiers and treated drug users may be counted more than once. Thus, the Year 4 profile of treated drug use reports the number of treatment episodes or cases rather than the number of people treated.

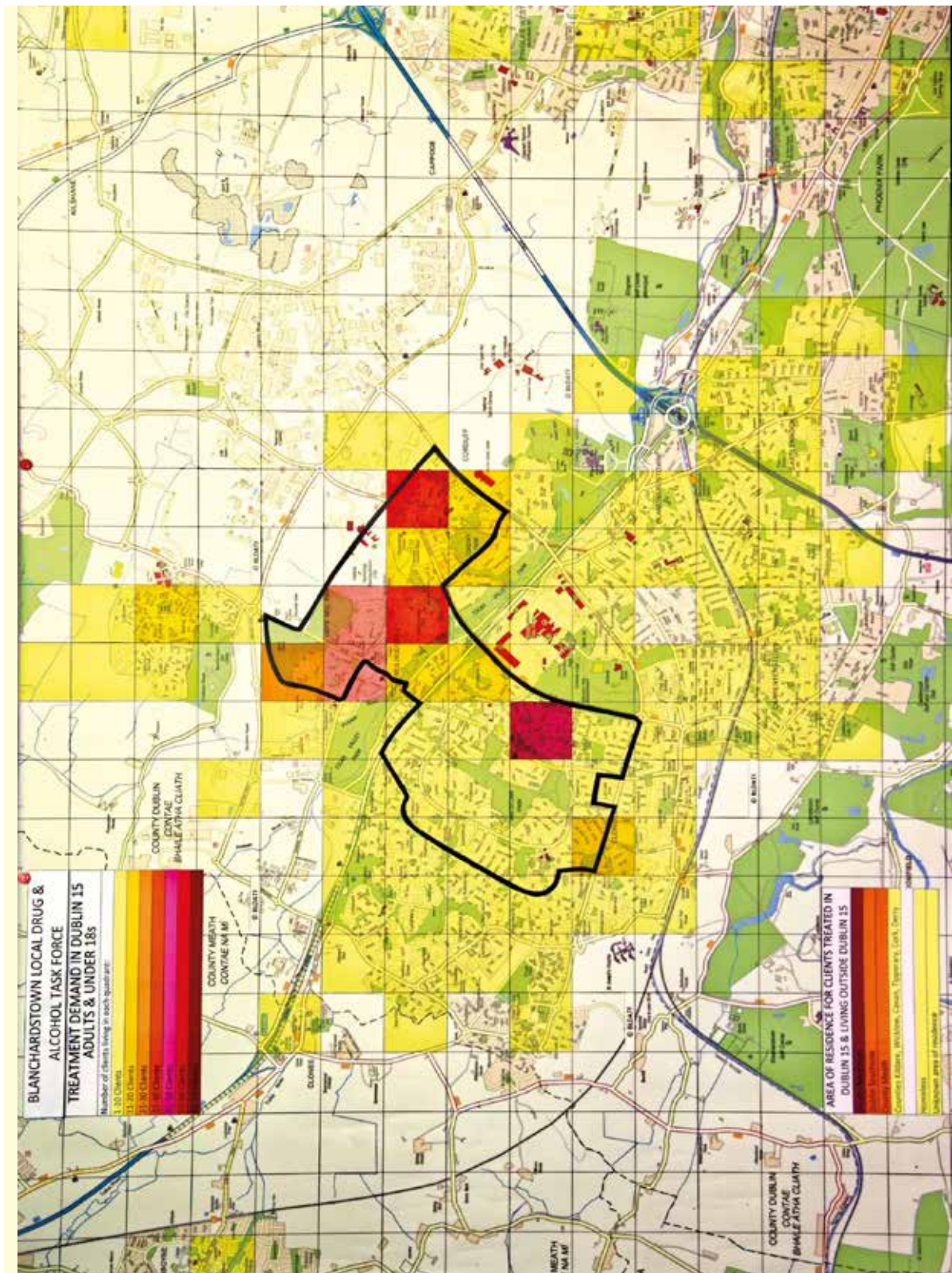
MAPPING TREATMENT DEMAND

Mapping treatment demand in Year 4 identified the following:

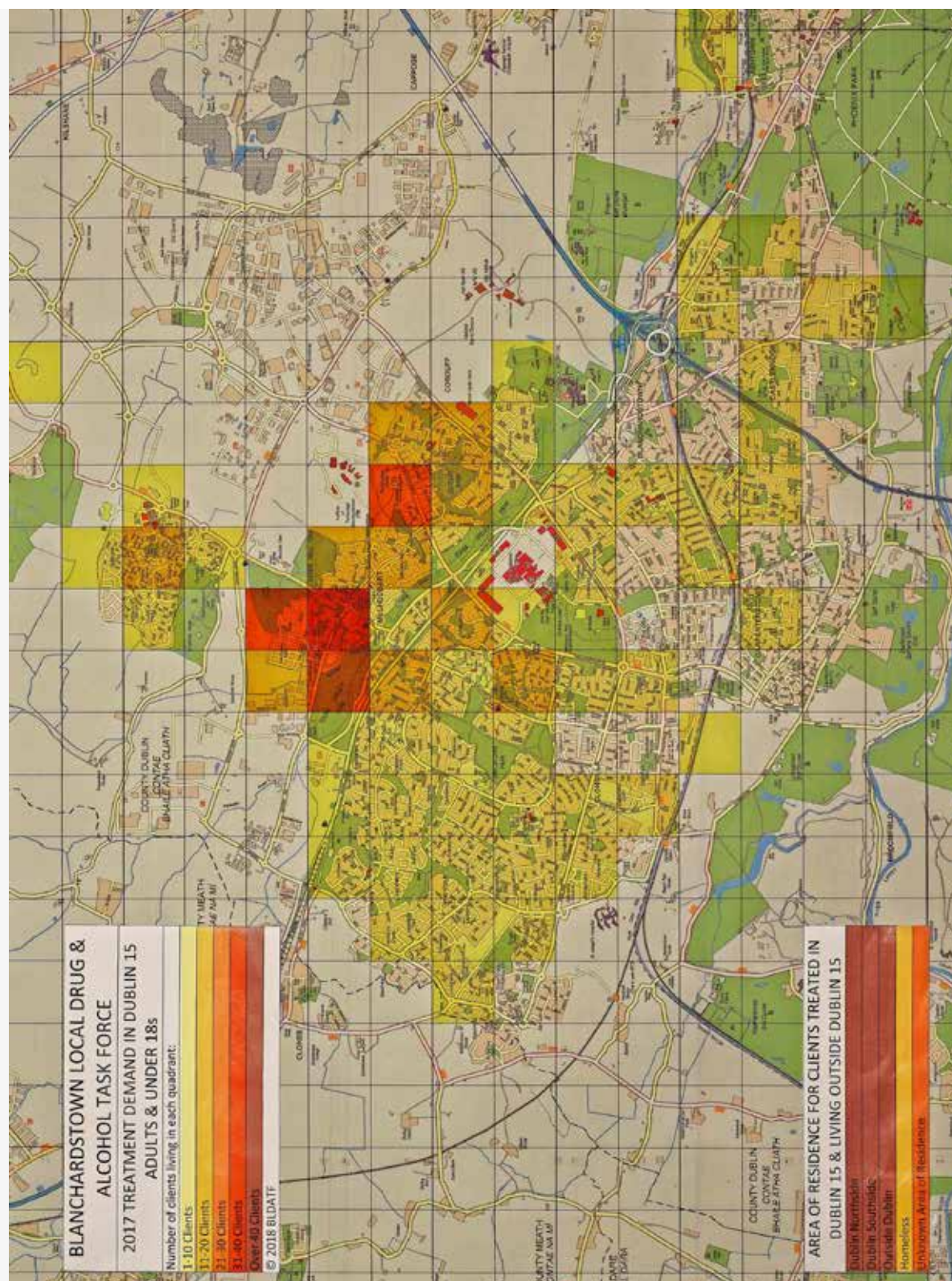
- In 2018, treated cases were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of treated cases were from Dublin 15:
 - Treated drug users were from every community in Dublin 15, though most lived in deprived areas
 - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- Year 2 and 3 mapping data reported similar findings, though Year 3 and 4 reported less treated drug users from Clonsilla, Carpenterstown and Castleknock

YEAR 4 (2018)
TREATMENT DEMAND
IN DUBLIN 15,
ADULTS AND UNDER 18s

YEAR 2 Treatment demand in Dublin 15 Adults & Under 18s

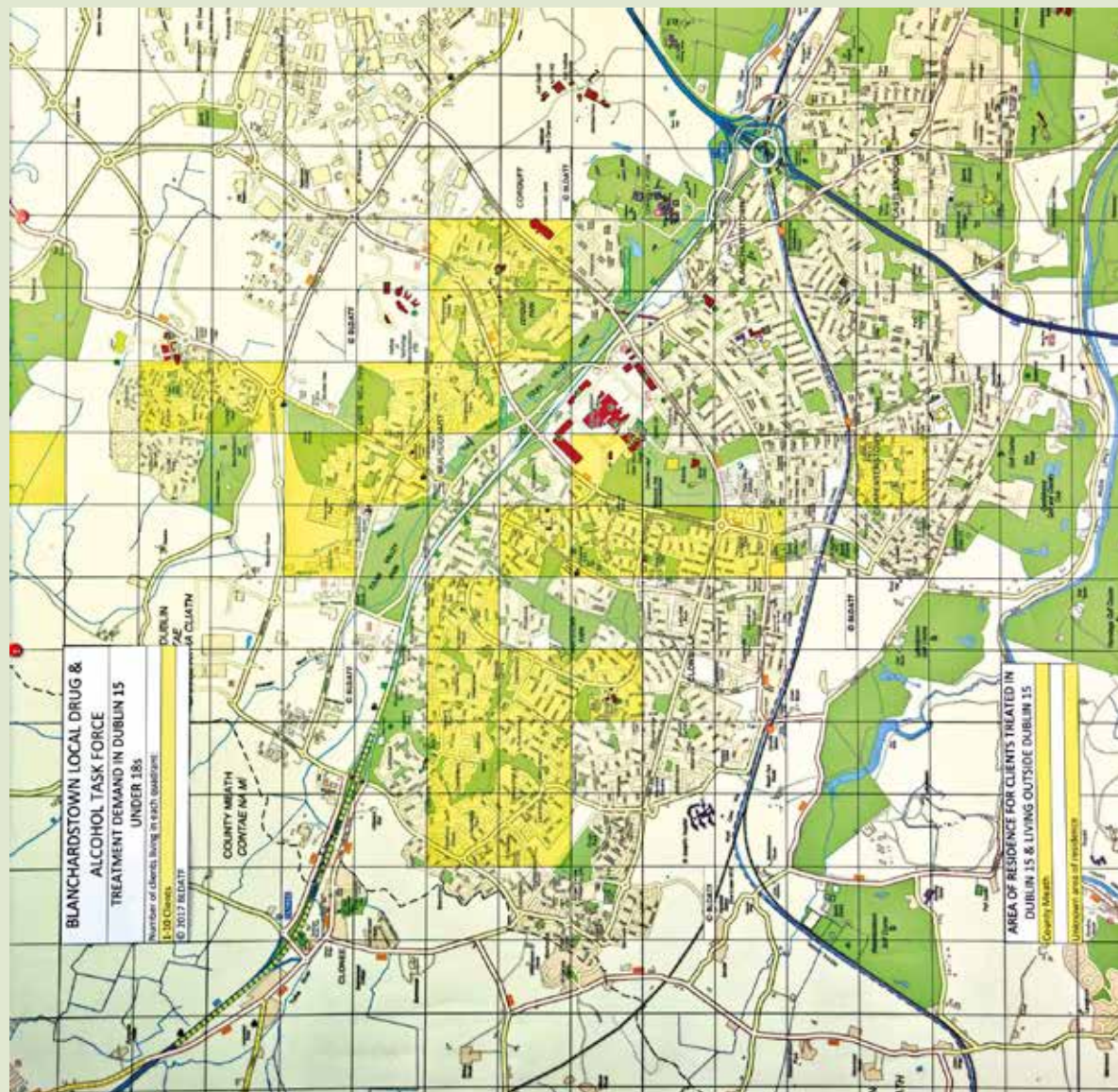


YEAR 3 Treatment demand in Dublin 15 Adults & Under 18s

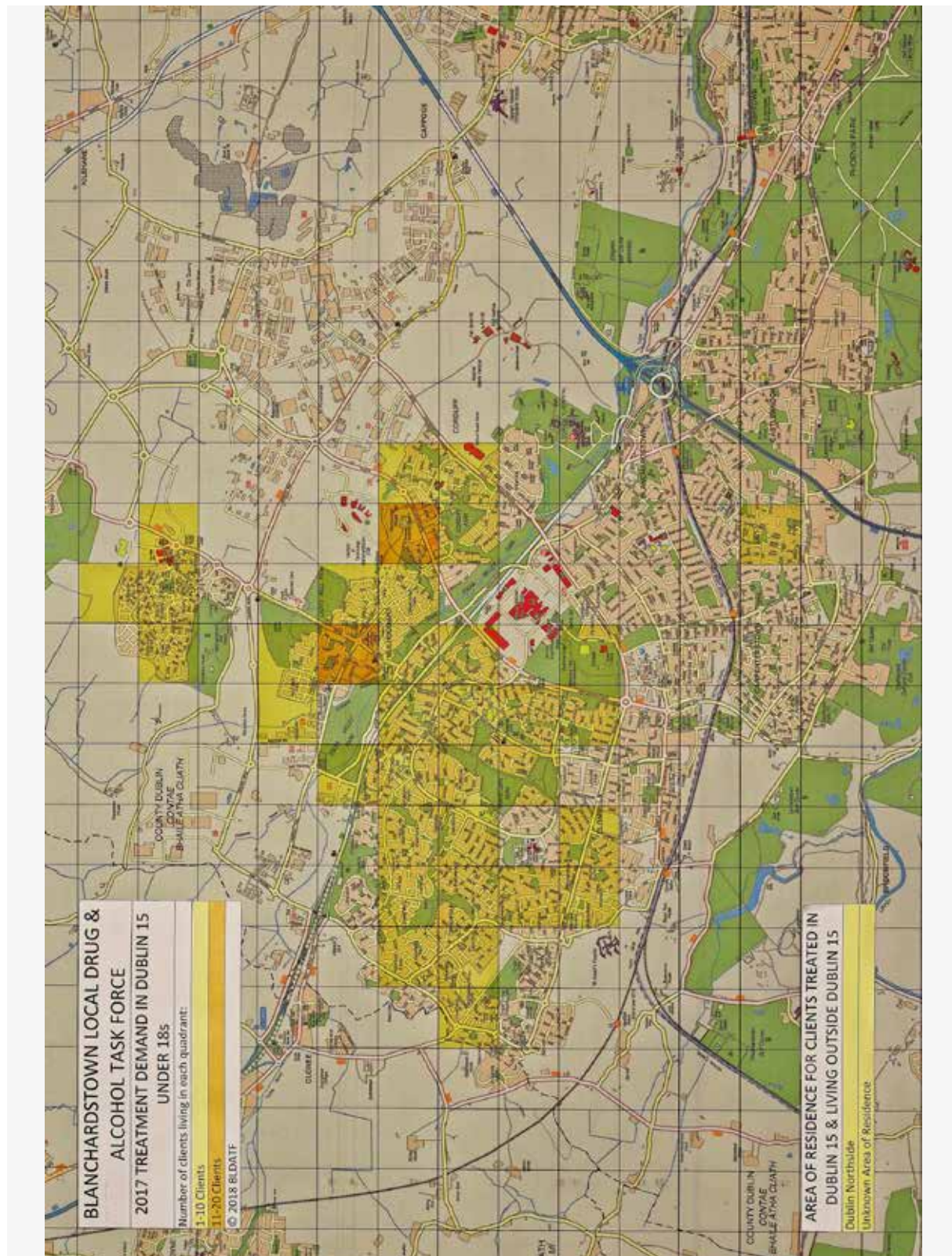




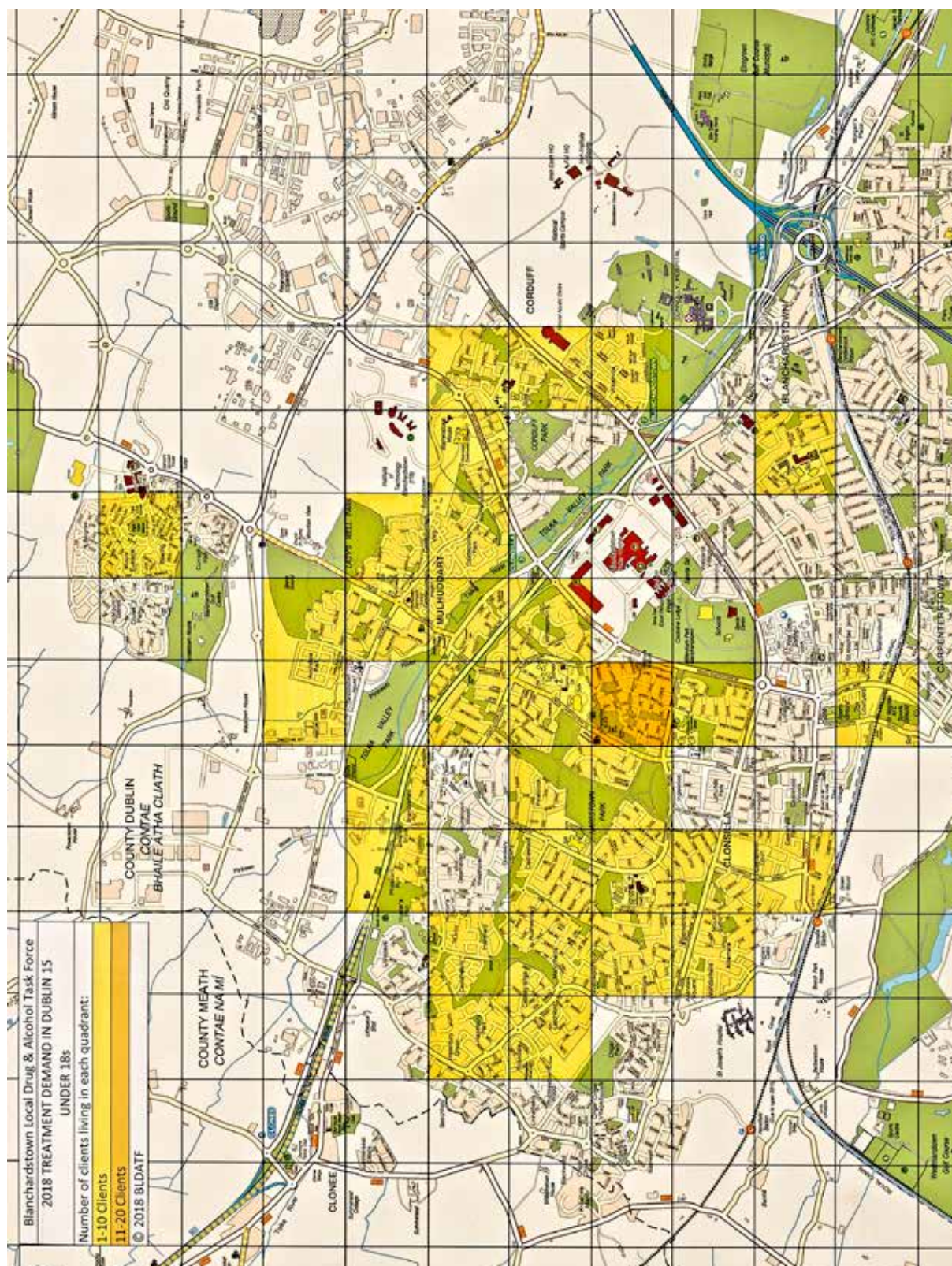
YEAR 2 Treatment demand in Dublin 15 Under 18s



YEAR 3 Treatment demand in Dublin 15 Under 18s



YEAR 4 Treatment demand in Dublin 15 Under 18s

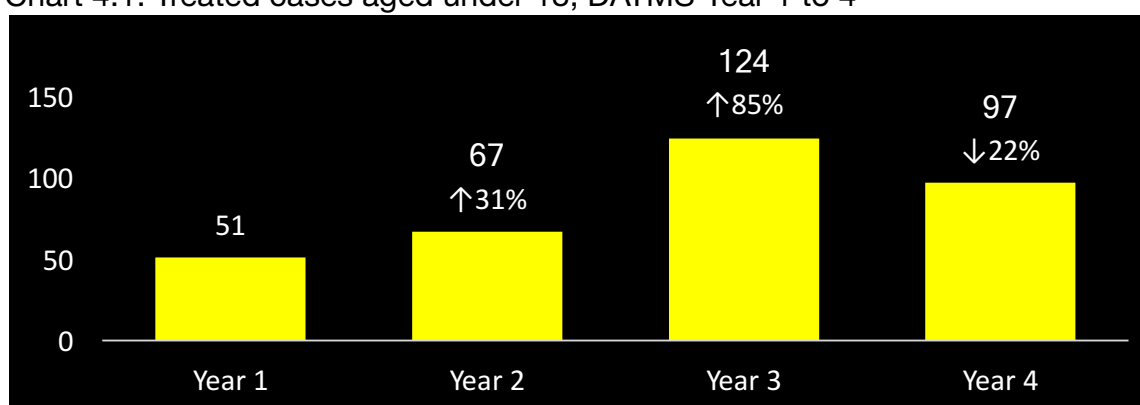


**YEAR 4 (2018)
TREATMENT DEMAND
IN DUBLIN 15,
UNDER 18s**

TREATED DRUG & ALCOHOL USERS AGED UNDER 18

The profile of treated drug use reports four years of data. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 relates to 2017 and Year 4 to 2018. Data was provided by the Blanchardstown Youth Service Drug Education Prevention programme and the Health Service Executive's Substance Abuse Service Specific to Youth (SASSY). The number of treated cases aged under 18 increased from 51 in Year 1 to 124 in Year 3 and decreased to 97 in Year 4 (Chart 4.1).

Chart 4.1: Treated cases aged under 18, DATMS Year 1 to 4



From Year 1 to 4, an estimate of 1% of the Dublin 15 population aged 12 to 17 years has attended treatment for drug and/or alcohol use (Table 4.1). It is probable that this is an underestimate of treatment demand as it does not include young people treated outside Dublin 15, privately or those not accessing any services. As CSO data relates to individuals and treatment demand data relates to cases, this estimate is not without its flaws. However, it has been completed for service planning purposes.

Table 4.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 4

	D15 population aged 12 to 17 (CSO)	% of D15 population aged 12 to 17 in treatment
Year 1	7,158*	1%
Year 2	7,158*	1%
Year 3	9,294^	1%
Year 4	9,294^	1%

*CSO 2011

^CSO 2016

SOCIO-DEMOGRAPHIC PROFILE

Over the reporting period, the majority of treated cases aged under 18 were male and white Irish (Charts 4.2 and 4.3).

Chart 4.2: Treated cases aged under 18 by gender, DATMS Year 1 to 4

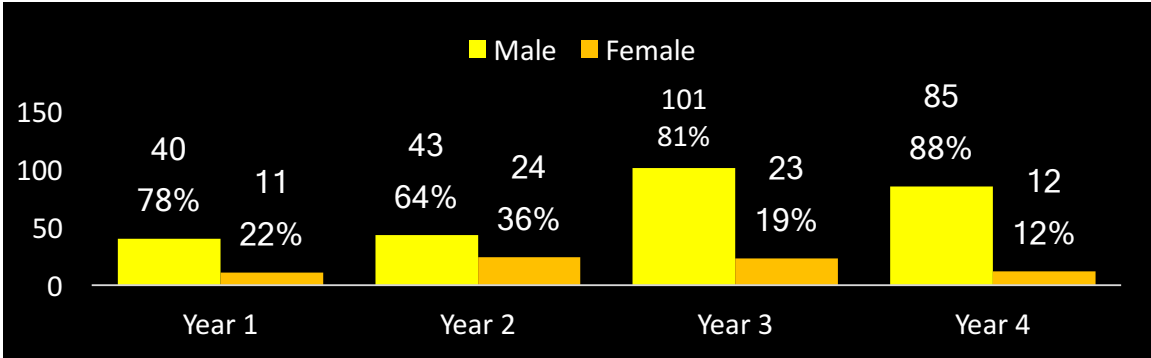
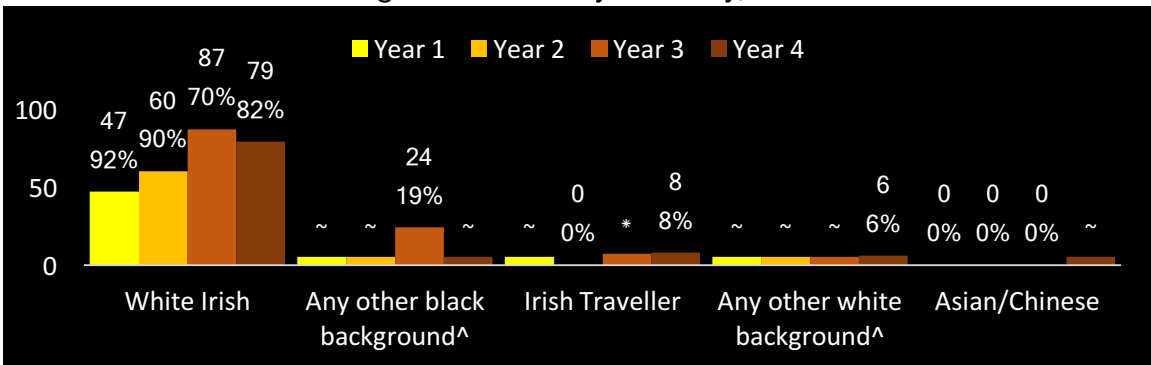


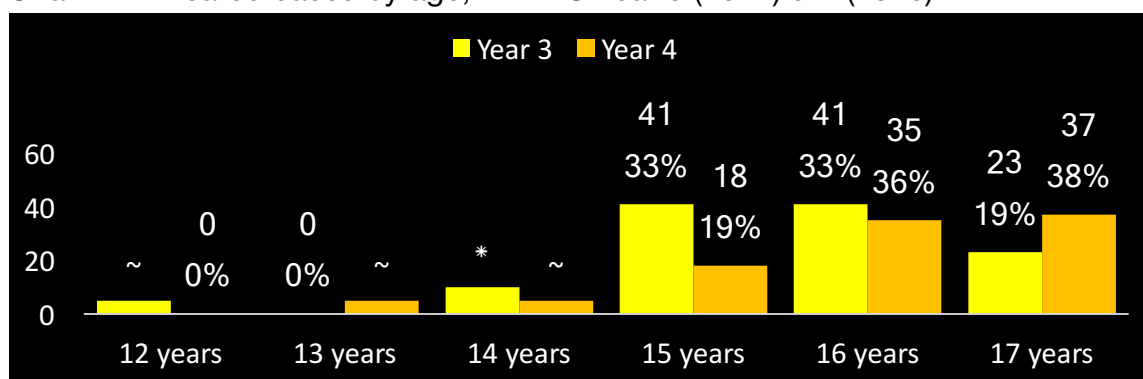
Chart 4.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 4



~ Number of cases too small to be reported (5 or less)
 * Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed
 ^ Ethnic category 'Any other black background' includes African Irish and the category 'Any other white background' includes Eastern European Irish

From Year 3, the quality of the data increased producing a more comprehensive profile of treated drug users in Dublin 15. Thus, for some of the following profile there was limited data available for Year 1 and 2. In Year 3 and 4, the majority of treated cases were aged from 15 years (Chart 4.4).

Chart 4.4: Treated cases by age, DATMS Year 3 (2017) & 4 (2018)

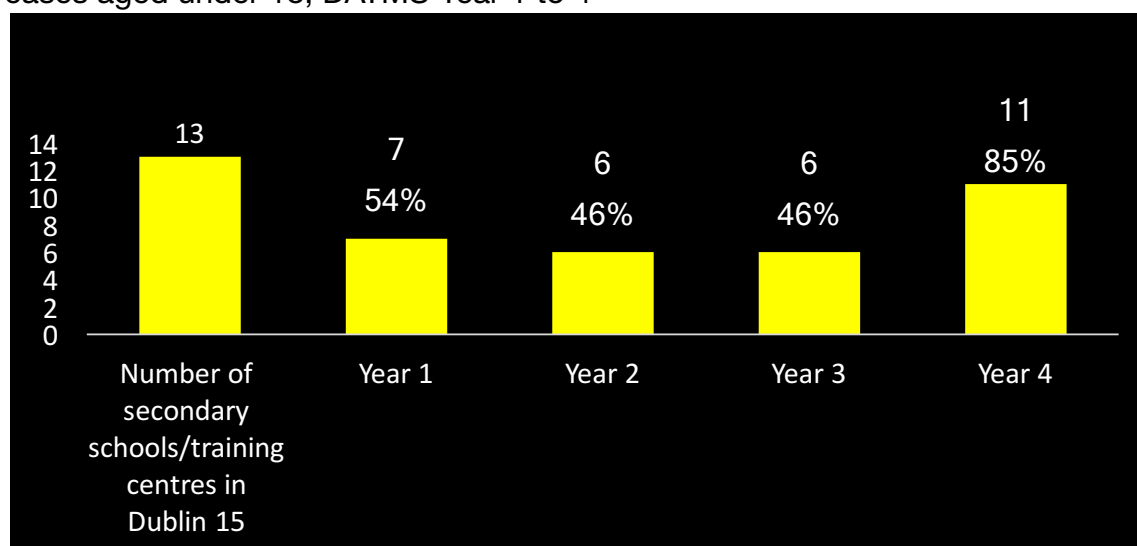


~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

There are ten mainstream secondary schools and three training centres in Dublin 15¹. From Year 1 to 4, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18 (Chart 4.5). In 2018, almost all secondary schools and training centres in Dublin 15 have students with drug and/or alcohol problems. This indicates that drug use is a community wide issue crossing all socio-economic boundaries.

Chart 4.5: Secondary schools/training centres in Dublin 15 attended by treated cases aged under 18, DATMS Year 1 to 4

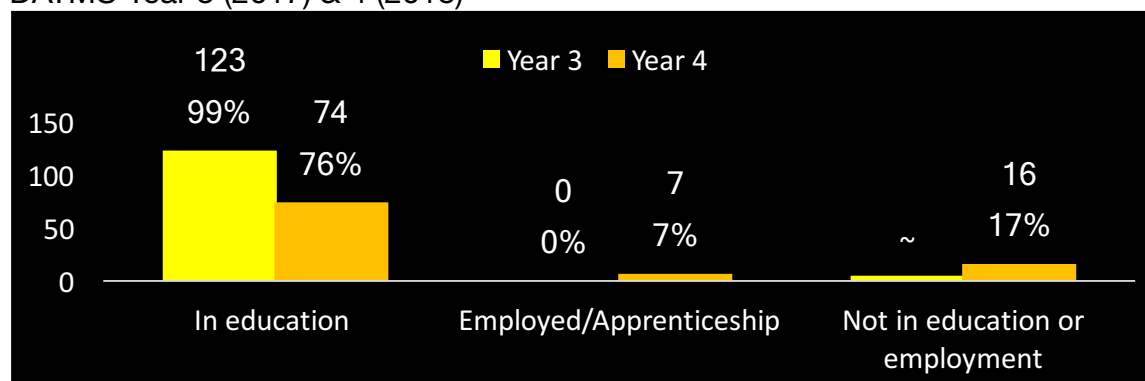


From Year 3 to 4, there was a change in the educational and employment profile of treated drug users aged under 18. While the majority of treated cases in both years were in education, there was an increase in the number not in education or employment in Year 4 (Chart 4.6).

¹ Training centres include Blanchardstown Community Training Centre, Blanchardstown Youthreach, Blanchardstown Youth Service Early School Leavers Programme

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

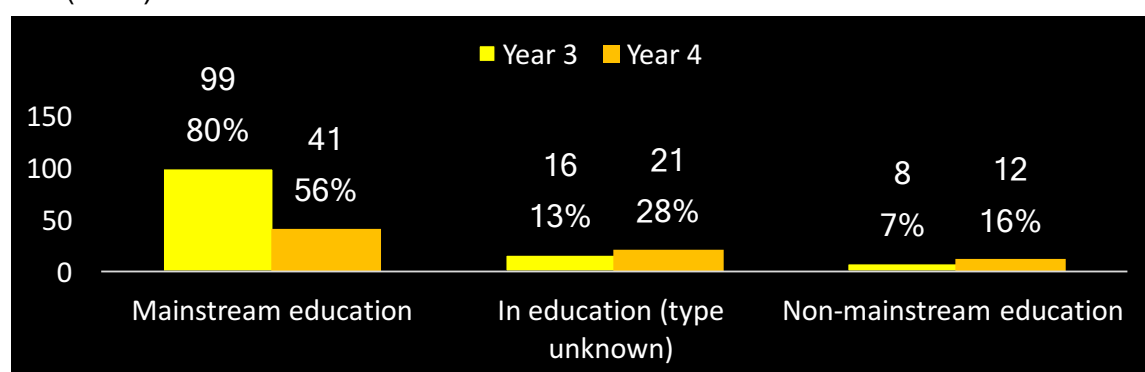
Chart 4.6: Treated cases aged under 18 by education and employment status, DATMS Year 3 (2017) & 4 (2018)



~ Number of cases too small to be reported (5 or less)

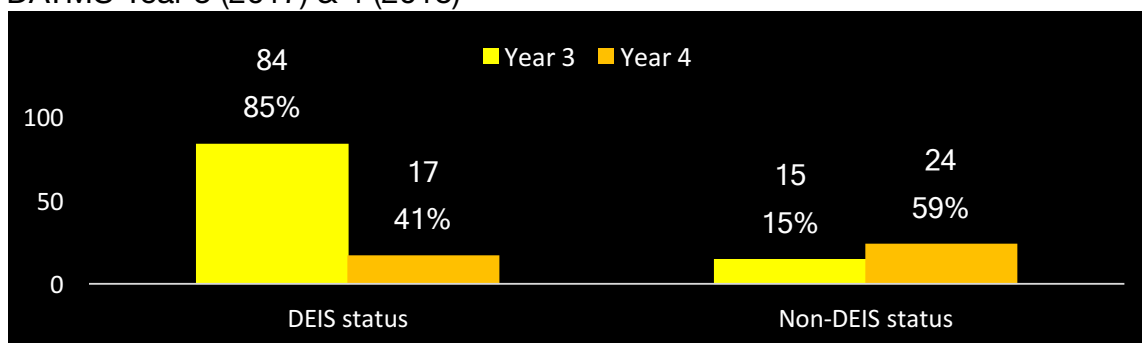
In Year 3 and 4, the majority of treated cases aged under 18 were in mainstream education (Chart 4.7).

Chart 4.7: Treated cases aged under 18 by education status, DATMS Year 3 (2017) & 4 (2018)



In Year 3, treated cases aged under 18 were from all socio-economic groups though the majority attended local secondary schools with DEIS status. This identified the relationship between social deprivation and drug use. In Year 4, the opposite was reported, with the majority of treated cases in non-DEIS schools (Chart 4.8).

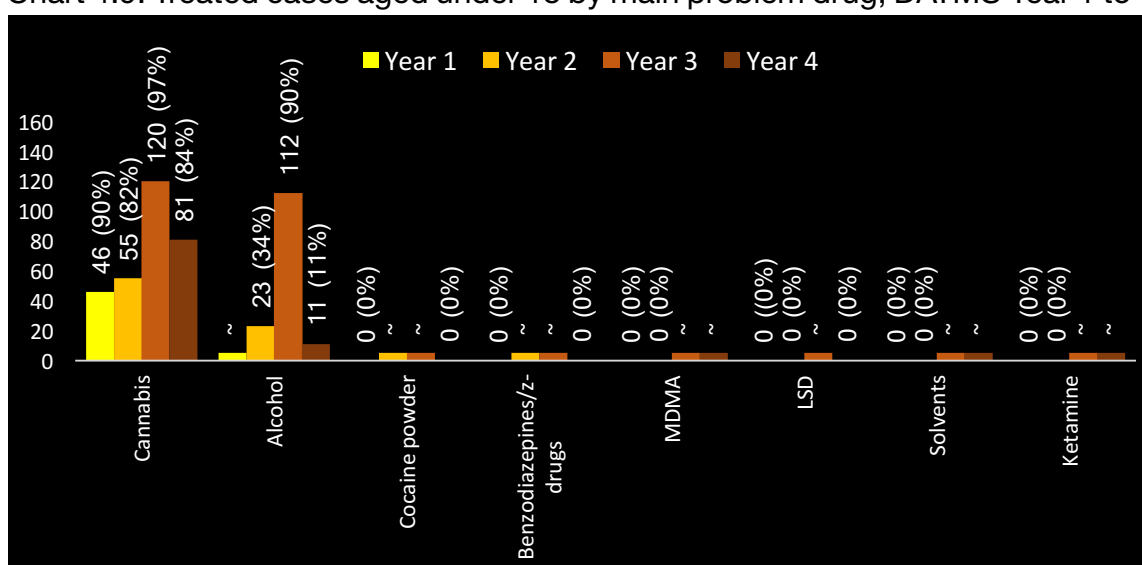
Chart 4.8: Treated cases aged under 18 by DEIS status of mainstream education, DATMS Year 3 (2017) & 4 (2018)



PROFILE OF DRUG & ALCOHOL USE

The main problem drugs used by treated cases aged under 18 were similar for all data reporting periods, with cannabis herb the most commonly used, followed by alcohol (Chart 4.9).

Chart 4.9: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 4



~ Number of cases too small to be reported (5 or less)

Year 4 treated drug users also used cocaine powder, benzodiazepines, LSD and nitrous oxide (laughing gas), though they were not main problem drugs. As drugs are generally used without completing an analysis of their composition it is probable that synthetic types (New Psychoactive Substances/NPS) are used without users' knowledge². Synthetic drug types include cannabinoids, opioids, benzodiazepines, and stimulants including cocaine and MDMA. The latest European Drug Report reported an increase in synthetic drug production in Europe (EMCDDA, 2019). In 2018, 55 new psychoactive substances were reported to the EU Early Warning System and a significant number of NPS previously identified continue to be available.

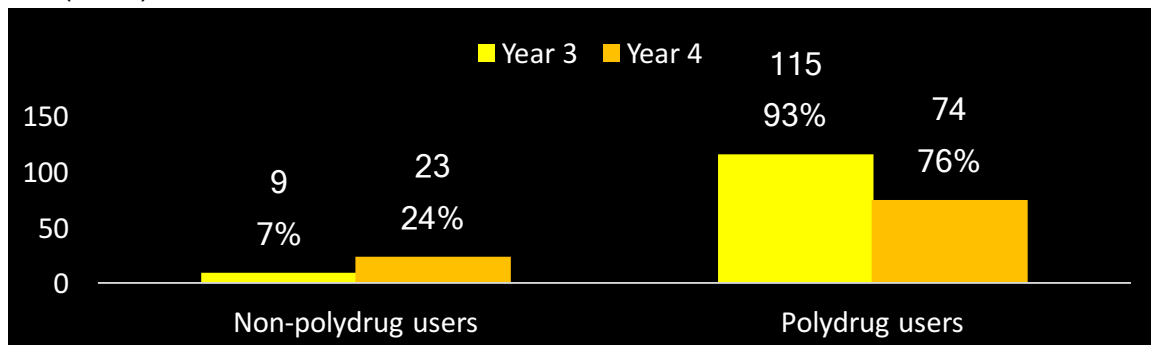
² The use of NPS also applies to treated adult drug users and untreated drug users

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

The EMCDDA reported an increase in the availability of synthetic opioids and benzodiazepines, possibly indicating that the market is targeting problematic drug users.

In Year 3 and 4, the majority of treated cases aged under 18 were polydrug users (Chart 4.10). Cannabis and alcohol was the most common form of polydrug use.

Chart 4.10: Treated cases aged under 18 by polydrug use, DATMS Year 3 (2017) & 4 (2018)



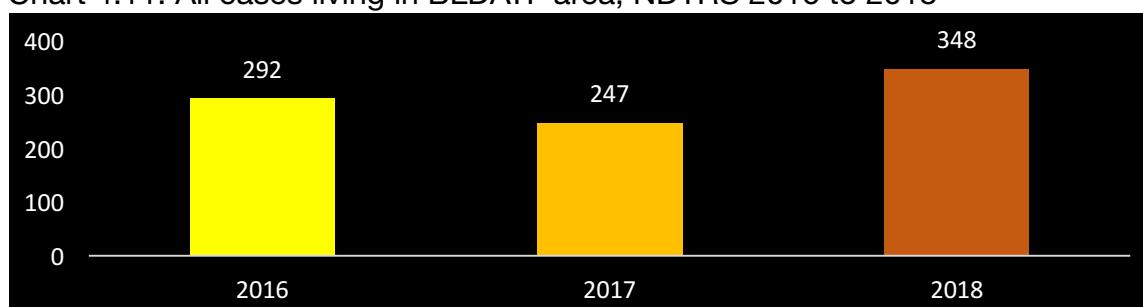
ADULT TREATED DRUG USERS

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. Year 3 provided a detailed analysis of treated cases. Due to misreporting to the NDTRS, it is not possible to provide this analysis for Year 4. A succinct analysis from 2016 to 2018 will be presented instead. This data will report a profile of all cases living in the BLDATF area who accessed community and statutory services inside and outside the BLDATF area. As this data is based on the BLDATF area it does not include cases from Tyrrelstown, Carpenterstown and Castleknock. Our mapping data (reported above) identified treated cases from these areas were accessing the local community services.

TREATMENT DEMAND

From 2016 to 2018, there has been a 19% increase in the number of cases assessed and/or treated (Chart 4.11). This increase may be related to an increase in drug use in Dublin 15, though it could also be related to an increase in data returns to the NDTRS.

Chart 4.11: All cases living in BLDATF area, NDTRS 2016 to 2018



From Year 1 to 4, an estimate of less than 1% of the Dublin 15 population aged 18 to 64 years has attended treatment for drug and/or alcohol use (Table 4.2). It is probable that this is an underestimate of treatment demand as it does not include adults treated privately or those not accessing any services. As CSO data relates to individuals and treatment demand data relates to cases, this estimate is not without its flaws. However, it has been completed for service planning purposes.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Table 4.2: Percentage of Dublin 15 population aged 18 to 64 years treated in local community and statutory services, DATMS Year 1 to 4

	D15 population aged 18 to 64 (CSO)	% of D15 population aged 18 to 64 in treatment
Year 1	66,480*	0.5%~
Year 2	66,480*	0.4%
Year 3	69,807^	0.4%
Year 4	69,807^	0.5%

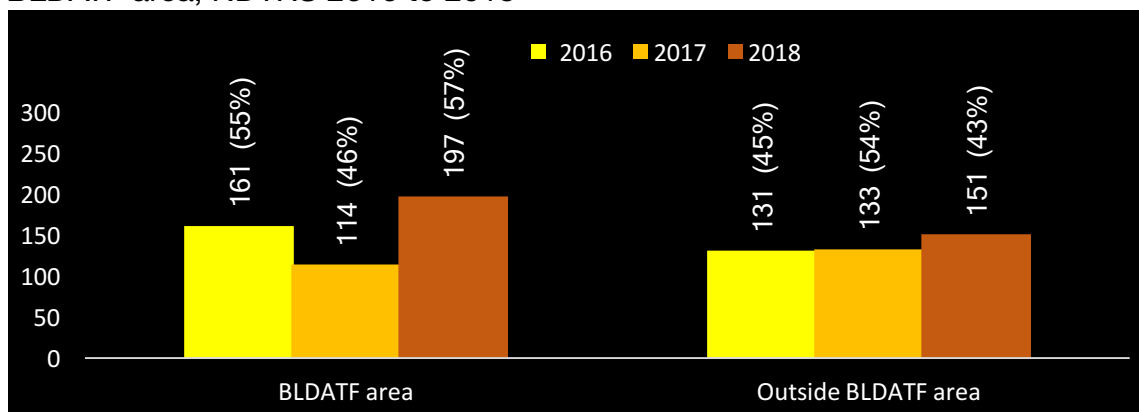
*CSO 2011

^CSO2016

~Based on 315 treated cases, NDTRS 2015

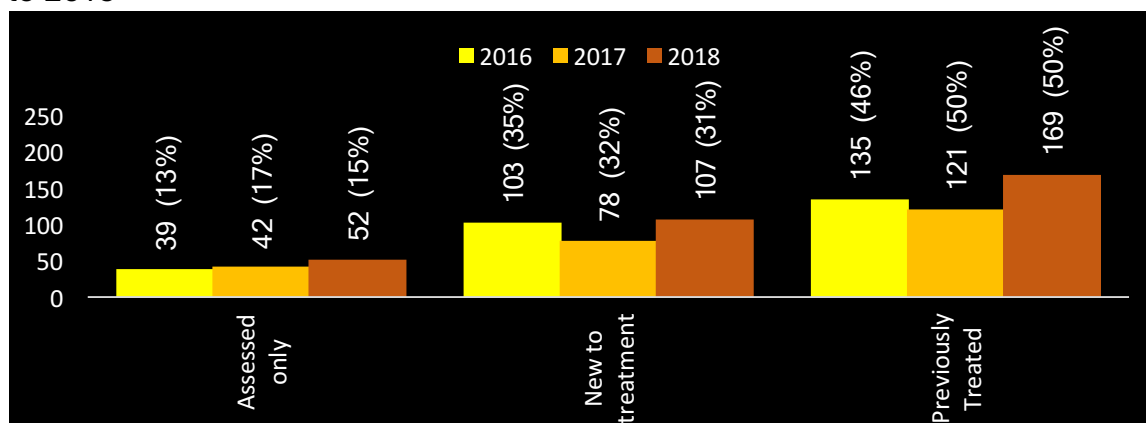
The NDTRS data identified that cases who lived in the BLDATF area were assessed and/or treated in services within and outside the BLDATF area (Chart 4.12).

Chart 4.12: All cases living in BLDATF area, assessed and/or treated in or outside BLDATF area, NDTRS 2016 to 2018



The data reported that the majority of cases were in treatment for more than one year and about a third were new to treatment (Chart 4.13).

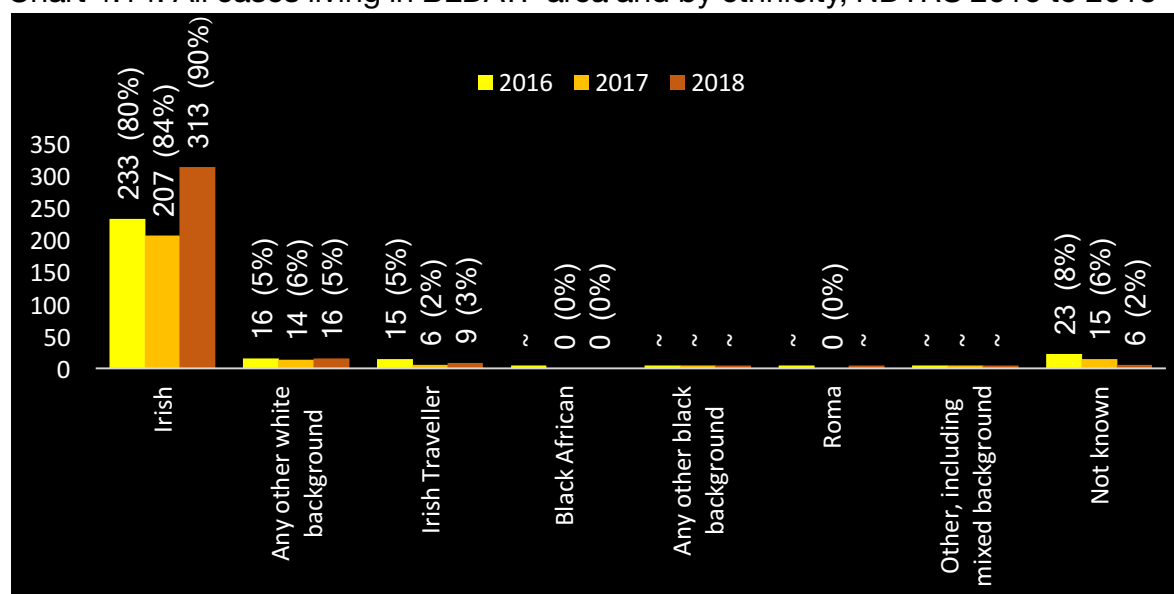
Chart 4.13: All cases living in BLDATF area and by treatment status, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

A demographic profile of all cases reports that the majority of treated cases were Irish, male and aged 35 to 44 years (Charts 4.14 to 4.16).

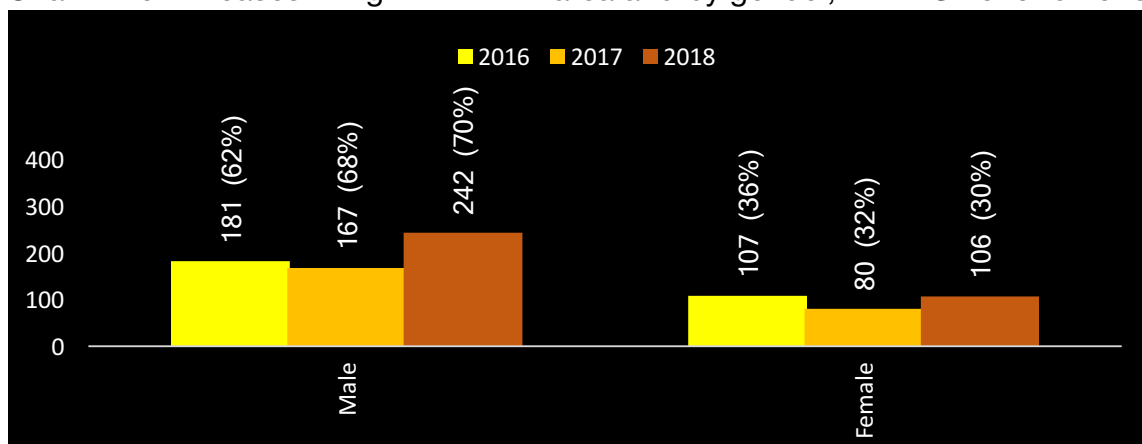
Chart 4.14: All cases living in BLDATF area and by ethnicity, NDTRS 2016 to 2018



~ Number of cases too small to be reported (5 or less)

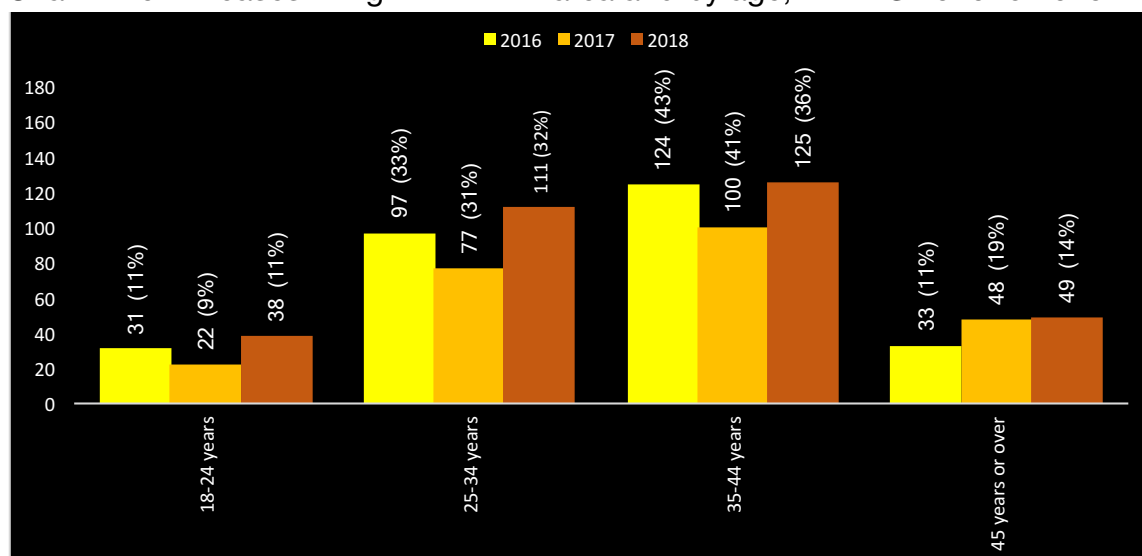
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 4.15: All cases living in BLDATF area and by gender, NDTRS 2016 to 2018



2016 total less than 100% as unknown cases removed

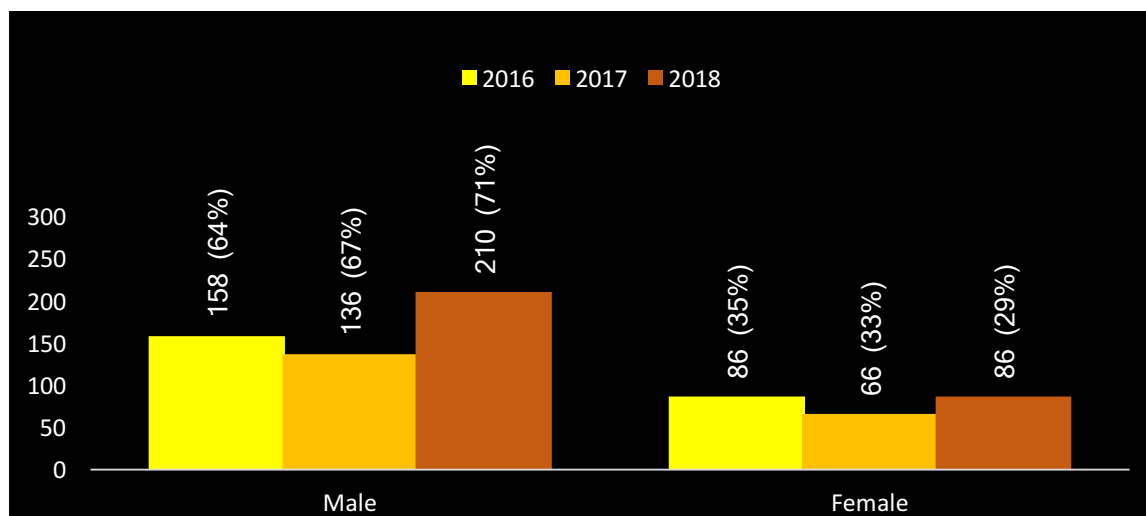
Chart 4.16: All cases living in BLDATF area and by age, NDTRS 2016 to 2018



2018 total less than 100% as unknown cases removed

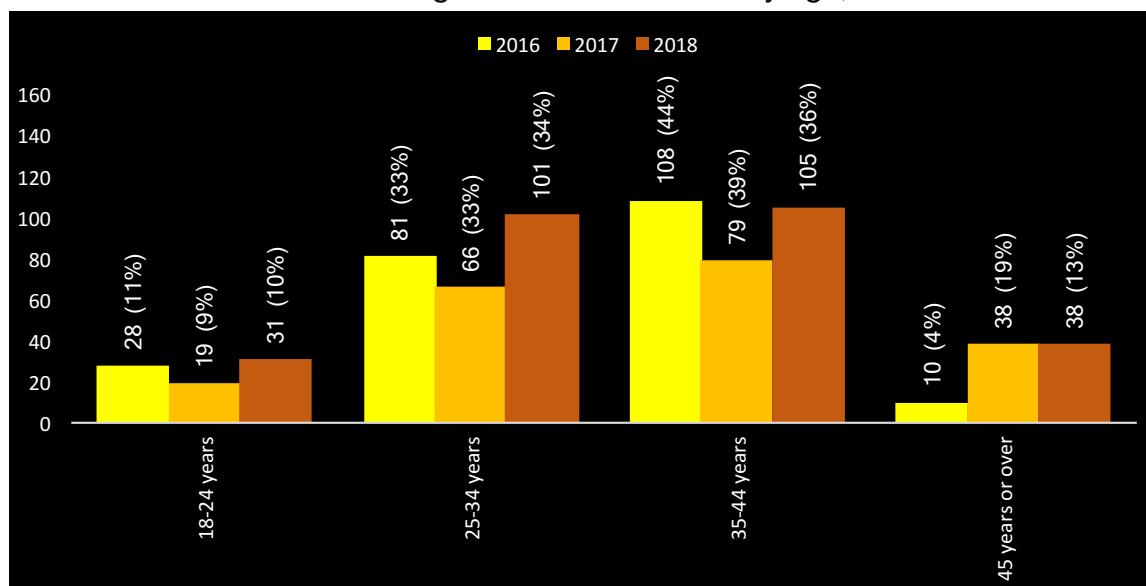
The remaining NDTRS analysis relates only to cases living in the BLDATF area who were treated in services in and outside Dublin 15. The demographic profile of treated cases reports the majority of cases were male and aged 35 to 44 years (Charts 4.17 and 4.18).

Chart 4.17: Treated cases living in BLDATF area and by gender, NDTRS 2016 to 2018



2016 total less than 100% as unknown cases removed

Chart 4.18: Treated cases living in BLDATF area and by age, NDTRS 2016 to 2018

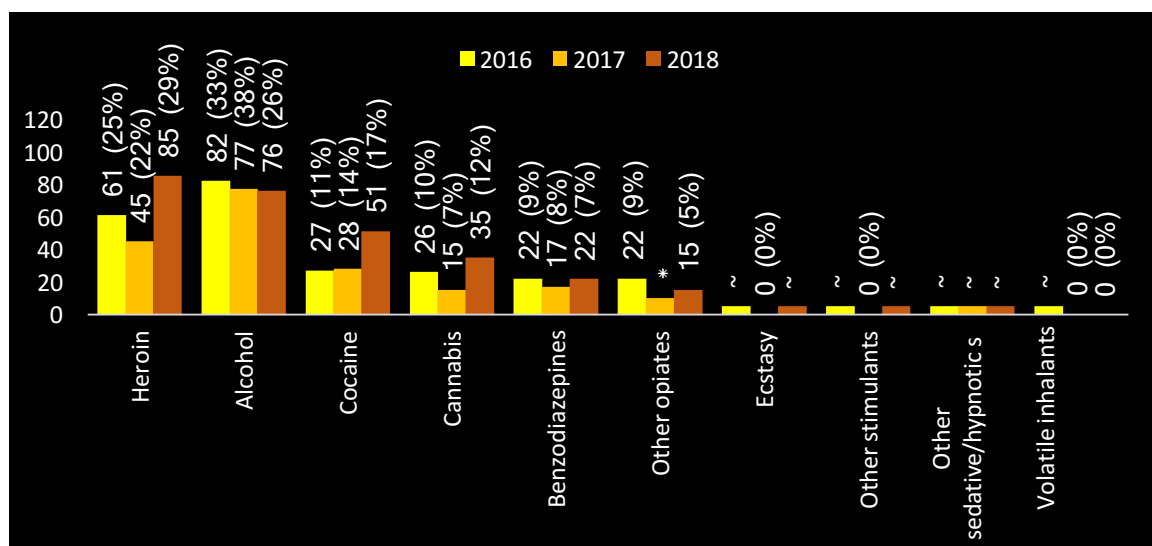


2018 total less than 100% as unknown cases removed

PROFILE OF DRUG & ALCOHOL USE

Over the reporting period, the three main problem drugs used by treated cases were alcohol, heroin and cocaine (Chart 4.19). The majority of cocaine cases were powder cocaine, with 5 or less cases treated for the use of crack cocaine. However, the NDTRS stated that nationally crack cocaine use was under-reported or mis-reported in 2017 and 2018. In addition, a local service reported that treated drug users tend to hide their crack cocaine use and leave treatment once their drug use becomes chaotic. This further impacts the ability to quantify the prevalence of crack cocaine use in Dublin 15.

Chart 4.19: Treated cases living in BLDATF area and by main problem drug, NDTRS 2016 to 2018



~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

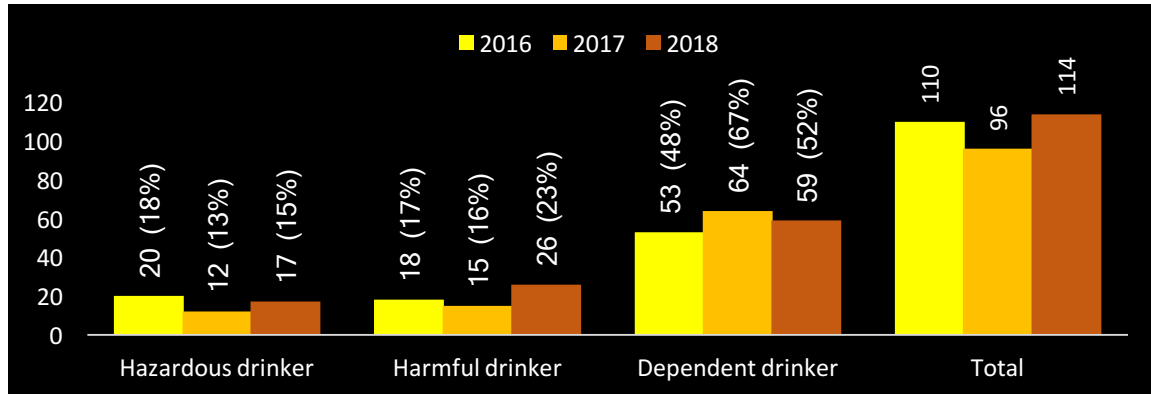
NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board's definition of these categories is as follows (Health Research Board, 2016):

- **Hazardous drinking** increases the risk of harmful consequences for the user. It describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems.
- **Harmful drinking** is a pattern of use that results in damage to physical or mental health. Some would also consider social consequences among the harms caused by alcohol.
- **Dependent drinking:** includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance. Also, notably a physical withdrawal reaction when alcohol use is discontinued.

TREATED DRUG AND ALCOHOL USE

Out of all cases treated for alcohol, the extent of the problem for the majority was categorised at the highest level as dependent drinking (Chart 4.20).

Chart 4.20: Treated cases living in BLDATF area and by extent of alcohol problem, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

From 2016 to 2018, the majority of cases were treated for polydrug use (Charts 4.21 and 4.22).

Chart 4.21: Treated cases living in BLDATF area and by polydrug use, NDTRS 2016 to 2018

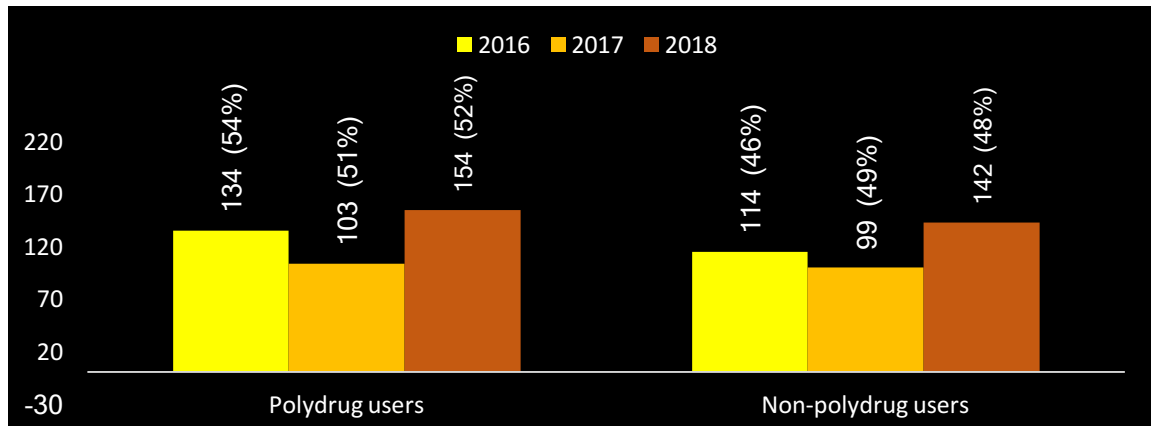
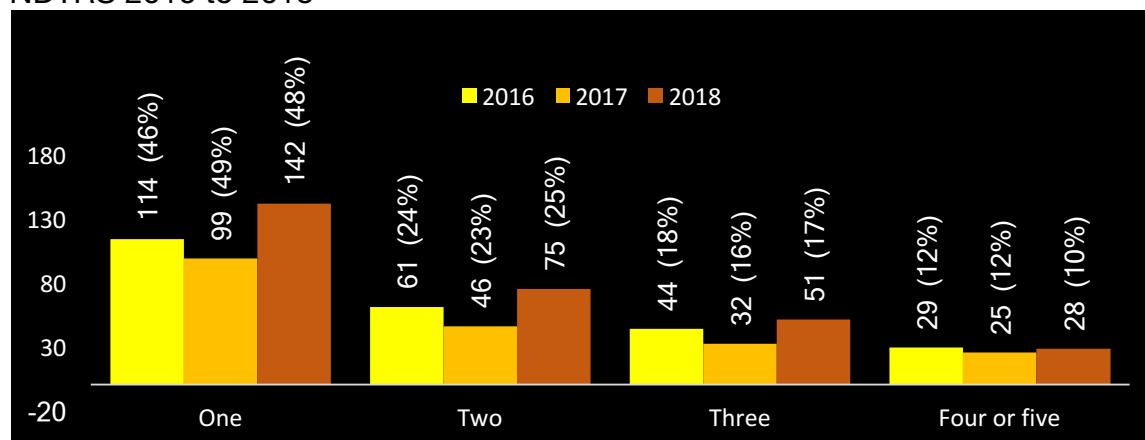


Chart 4.22: Treated cases living in BLDATF area and by number of problem drugs, NDTRS 2016 to 2018



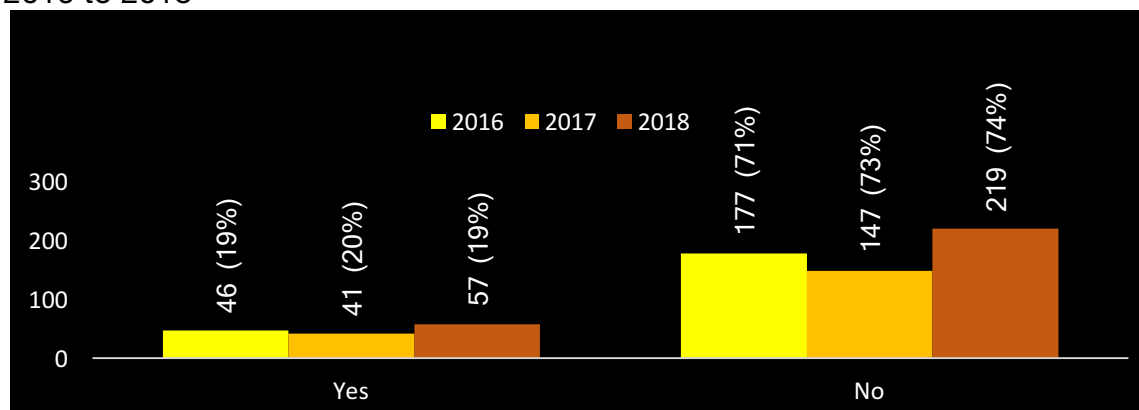
Methadone maintenance treatment

The Central Treatment List (CTL) reports the number of people in receipt of methadone maintenance treatment for opiate dependence in Ireland. No current data was available to quantify the treatment demand for this service. The following data was reported in Year 3. In 2015, the CTL reported that 270 patients in Dublin 15 were prescribed methadone and 95% were aged over 30. In 2016, the CTL reported a slight increase in the number of patients prescribed this drug, though the actual number was not provided.

HIGH-RISK DRUG USE

High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. The profile of high-risk drug use in Dublin 15 is incomplete as the quality of the data returned to the NDTRS is poor. Despite this, NDTRS data has been reported to provide some insight into high risk drug use in the community. From 2016 to 2018, a fifth of treated cases reported injecting drugs in their lifetime (Chart 4.23).

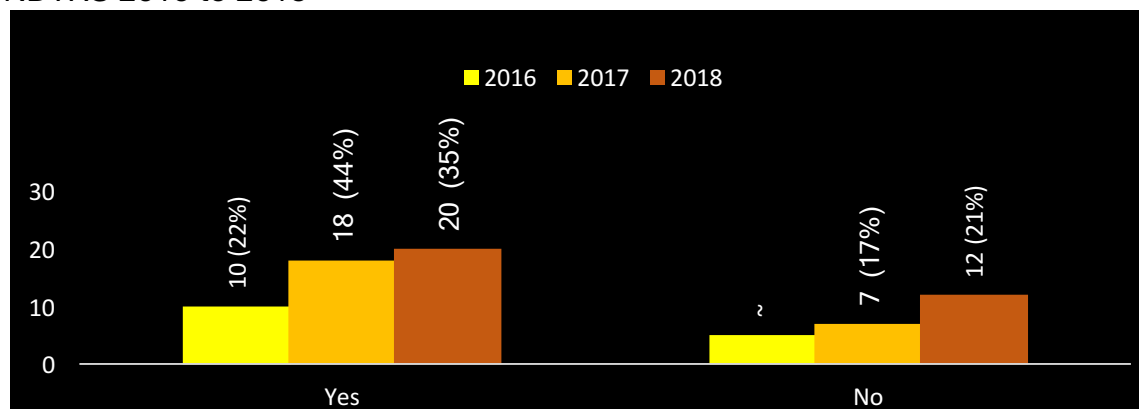
Chart 4.23: Treated cases living in BLDATF area and by injecting drug use, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

The extent of current injecting in the BLDATF area is unknown as the current injecting status of the majority of cases was not reported to the NDTRS (Chart 4.24).

Chart 4.24: Treated cases living in BLDATF area and by current injecting status, NDTRS 2016 to 2018



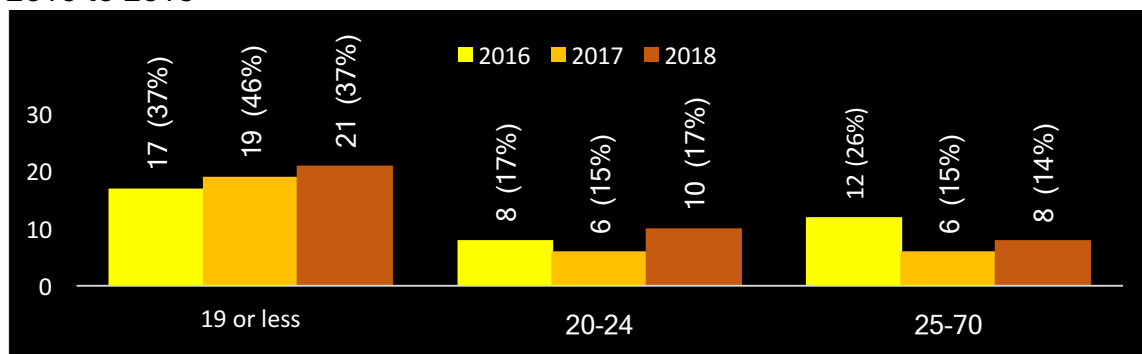
Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

NDTRS data reported that the majority of treated cases began injecting aged 19 or less (Chart 4.25).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 4.25: Treated cases living in BLDATF area and by age first injected, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

NDTRS data reports the extent of harm reduction practices by injectors. In particular, whether cases ever shared injecting equipment or other drug paraphernalia. It also reports the history of viral screening for HIV, Hepatitis B and C. Incomplete NDTRS data returns has resulted in a lack of data concerning these practices and services.

From Year 1 to 4, treated drug users and service providers reported the types of drugs injected by treated adult drug users (Table 4.3).

Table 4.3: Drugs injecting by treated adult drug users in Dublin 15, DATMS Year 1 to 4

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018
Heroin	√	√	√	√
Cocaine powder	√	√	√	√
Crack cocaine	√	√	√	√
Benzodiazepines, z drugs	√	√	√	√
Amphetamines~	√	√	√	√
Opioid (Oxycodone)	^	√	√	√
Opioid (Fentanyl)	*	*	*	√

~ Includes New Psychoactive Stimulants, Mephedrone, Methamphetamine

^ Injecting of drug first reported in Year 2

* Injecting of drug first reported in Year 4

From Year 1 to 3, treated drug users reported injecting anabolic steroids and skin tanning drugs. In Year 4, there was little evidence of the injection of these drugs by treated drug users³.

³ Further data concerning the use of non-psychoactive drugs is reported in the chapter 'Untreated drug & alcohol use'

CHANGES IN TREATED DRUG USE

Treated drug users and service providers reported perceptions concerning changes in drug use. From Year 1 to 4, an increase in the use of cannabis herb, cocaine powder and alcohol were reported among treated young drug users. Year 4 also reported an increase in the use of other drugs (Table 4.4). In relation to solvents, the use of nitrous oxide by treated drug users aged under 18 was first reported in Year 4.

Table 4.4: Changes in drug use by treated young drug users in Dublin 15, DATMS Year 1 to 4

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018
Cannabis herb	↑	↑	↑
Cocaine powder	↑	↑	↑
Alcohol	↑	↑	↑
Benzodiazepines, z drugs	↑	*	↑
Ketamine	*	*	↑
MDMA	*	*	↑
Cannabis oil	^	^	↑
Lean (Syrup)~	*	*	↑
Solvents"	*	*	↑

↑ Increase in use of drug

* No change in use of drug

^ Use of drug first reported in Year 3

~ Cough medicine mixed with soft drink

" Includes nitrous oxide (laughing gas)

From Year 1 to 4, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs. Year 4 also reported an increase in the use of other drugs (Table 4.5).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Table 4.5: Changes in drug use by treated adult drug users in Dublin 15, DATMS Year 1 to 4

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018
Cannabis herb	↑	↑	↑
Cocaine powder	↑	↑	↑
Alcohol	↑	↑	↑
Crack cocaine	↑	↑	↑
Benzodiazepines, z drugs	↑	↑	↑
Pregabalin (Lyrica)	↑	*	↑
Prescribed opiates~	↑	↑	*
Heroin	*	↓	↑
Cannabis oil	^	^	↑
Cannabis resin	↓	↑	↓
Methamphetamine	*	↑	*
Methadone	*	*	*
OTC Codeine**	*	*	*
Amphetamines	*	*	*
Cannabis concentrates	⬆	⬆	⬆

↑ Increase in use of drug

↓ Decrease in use of drug

* No change in use of drug

^ Use of drug first reported in Year 3

~ Year 2 Oxycodone; Year 3 Oxycodone, Tramadol, Tylex, Kapake; Year 4 Oxycodone, Tramadol, Tylex, Fentanyl

** Solpadine, Nurofen Plus

⬆ Use of drug first reported in Year 4

Cannabis herb

Cannabis herb continues to be the most commonly used type of cannabis. In Year 4, treated drug users reported the availability of new strains of cannabis herb with higher amounts of THC (the psychoactive component). These strains included 'gorilla glue' and 'Californian kush'. This was also reported by untreated drug users. The EMCDDA has reported that the potency of cannabis herb and resin has increased over the last decade (EMCDDA, 2019). NDTRS data concerning the main drug used by cases new to treatment can identify changes in drug trends. From 2006 to 2017, this data reports that the main drug reported by these cases has changed from heroin to cannabis.

New cannabis products

New cannabis products include cannabis oil used in e-liquids and cannabis concentrates. Treated drug users reported that the use of cannabis oil is increasing in prevalence. It is available with and without THC, the former for intoxication, the

latter for medicinal purposes. The EMCDDA has also reported the use of these drugs in Europe (EMCDDA, 2019). The use of the drug ‘shatter’ was reported by treated adult drug users. This is a cannabis concentrate with reported higher THC levels than cannabis herb or resin. To create this drug, cannabis bud is mixed with a solvent, usually butane gas. The evidence reports that it is not commonly used. This is the first time ‘shatter’ has been reported by drug users to the DATMS, which may indicate a new emerging trend. In 2018, the EMCDDA also reported that cannabis concentrates were a new product available in Europe (EMCDDA, 2019). Year 5 will monitor the use of this drug in Dublin 15.

Benzodiazepines and z drugs

In Year 4, treated drug users reported that authentic benzodiazepines and z drugs were rare and counterfeit tablets were now more commonly available⁴. Counterfeit tablets are reported to contain inconsistent doses which increases the risk of overdose.

Cocaine powder

The increased use of cocaine powder was also reported by national and European treatment demand reports (HRB, 2019; EMCDDA, 2019). In addition, the EMCDDA stated that increased availability of this drug was suggested by the highest estimates of cocaine purity at street level in a decade⁵.

Heroin and crack cocaine

Year 4 treated drug users and service providers reported the increase in heroin use to be associated with the increase in crack cocaine use, where heroin was used to come down from the high associated with crack cocaine. Former crack cocaine users reported returning to heroin as a harm reduction measure, as they perceived it to be less harmful than crack cocaine. The increased use of crack cocaine was also reported at a national and European level (EMCDDA, 2019).

Injecting drug use

From Year 1 to 3, treated drug users and service providers reported the perception that the amount of people engaged in injecting drug use in Dublin 15 has remained relatively stable. In Year 4, treated drug users reported an increase in the amount of people injecting crack cocaine, though smoking remains the main mode of administration for this drug. People who inject this drug were reported to be long term crack cocaine users. The injecting of fentanyl was first reported by treated drug users in Year 4, though the number of people using this method was small.

⁴ Further data concerning the accessibility of benzodiazepines and z drugs is reported in the chapter ‘Factors contributing to drug use’

⁵ Further data concerning the accessibility of cocaine powder is reported in the chapter ‘Factors contributing to drug use’

5. UNTREATED DRUG & ALCOHOL USE

All four years of the DATMS reported untreated drug use among all socio-economic groups, ethnicities and in all areas of Dublin 15. From Year 1 to 4, similar profiles of untreated drug use by young people and adults were reported, whereby alcohol, cannabis herb, MDMA, cocaine powder were the main drugs used. This profile of drug use was also reported nationally (NACDA, 2016) and at a European level (EMCDDA, 2019).

UNTREATED DRUG USE BY YOUNG PEOPLE

The following reports the drugs used by untreated young drug users (aged up to 24 years) in Dublin 15 in 2018:

DRUGS USED BY UNTREATED YOUNG DRUG USERS						
(aged up to 24 years)						
	Drug type	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
Most common	Alcohol	√	√		√	
	Cannabis herb	√	√	√	√	√
	MDMA	√	√	√	√	
	Cocaine powder	√	√	√	√	
	Ketamine	√			√	
	Benzodiazepines, Z drugs^	√	√		√	
Least common	Alcohol			√		
	Cannabis resin	√	√			
	Cannabis oil	√		√	√	
	Lean (Syrup)*	√		√		
	Ketamine		√	√		
	Amphetamines	√				
	Crack cocaine	√	√			
	Magic mushrooms	√		√		
	LSD	√				
	Solvents**	√			√	
	Opiates (prescribed)~	√				
Other drugs used	Anabolic steroids	√	√	√	√	
	Injected skin tan	√	√		√	
	Slimming drugs	√				

^ Includes counterfeit

* Cough medicine mixed with soft drink

** Nitrous oxide

~ Tramadol, Oxycodone, Fentanyl, Tylex, Kapake

UNTREATED DRUG USE BY ADULTS

From Year 1 to 3, untreated drug users aged 25 years and over were under-represented in the DATMS which produced limited data concerning drug use among Irish and Irish Traveller ethnicities; no data was produced for Irish African, Irish Eastern European and Irish Asian ethnicities. This issue was addressed in Year 4, with more comprehensive data provided for all ethnicities except Irish Asians.

The following reports the drugs used by untreated adult drug users (aged 25 years and over) in Dublin 15 in 2018:

DRUGS USED BY UNTREATED ADULT DRUG USERS						
(aged 25 years and over)						
	Drug type	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
Most common	Alcohol	√	√		√	No data
	Cannabis herb	√	√	√	√	
	MDMA	√		√		
	Cocaine powder	√	√			
	Benzodiazepines, Z drugs^	√	√			
Least common	Cannabis resin	√	√			No data
	Alcohol			√		
	Cannabis oil	√		√		
	Cocaine powder			√		
	Ketamine	√	√			
	MDMA		√		√	
	Crack cocaine	√				
	Heroin	√				
	Methamphetamine	√				
	GHB/GBL	√				
Other drugs used	Anabolic steroids	√	√		√	No data

^ Includes counterfeit

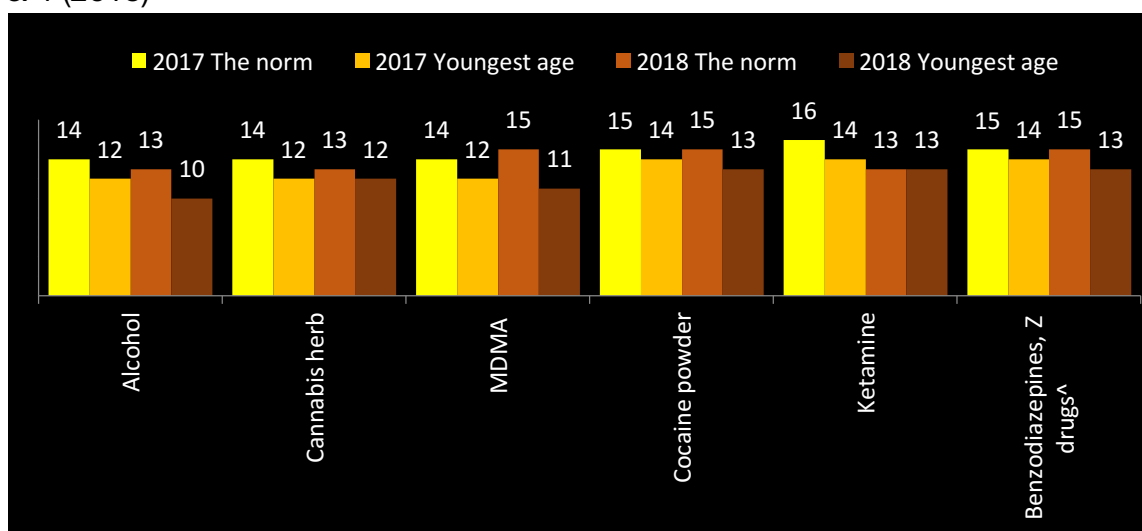
The use of synthetic drug types (New Psychoactive Substances/NPS) was not reported by untreated young or adult drug users. Synthetic drug types include cannabinoids, opioids, benzodiazepines, and stimulants including cocaine and MDMA. As drugs are generally used without completing an analysis of their composition it is probable that synthetic types are used with or without users' knowledge. Indeed, as reported in the chapter 'Treated drug and alcohol use', the EMCDDA continues to report the availability of new NPS in Europe.

DRUG TYPE BY AGE OF FIRST USE

The following reports the age that people in Dublin 15 began using drugs. The norm is reported for all drug types and for some, the norm plus youngest age is reported. From Year 3 to 4, a change was reported whereby untreated drug users were getting younger (Chart 5.1):

- The norm age of first use of alcohol, cannabis herb and ketamine is getting younger
- The youngest age of first use of alcohol, MDMA, cocaine powder, ketamine, benzodiazepines and z drugs is getting younger

Chart 5.1: Most commonly used drugs by age of first use, DATMS Year 3 (2017) & 4 (2018)

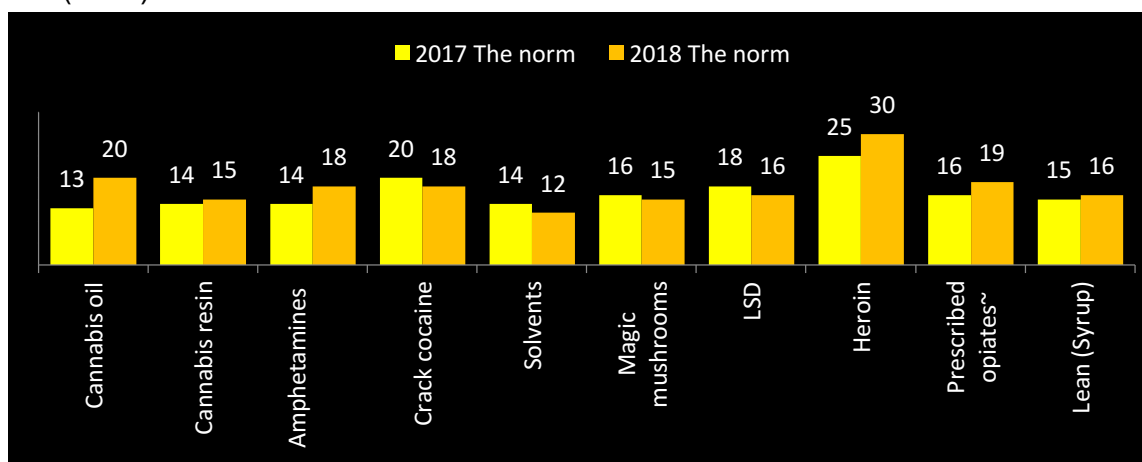


[^] Includes counterfeit

From Year 3 to 4, changes in the age of first use of other drugs were also reported (Charts 5.2 and 5.3).

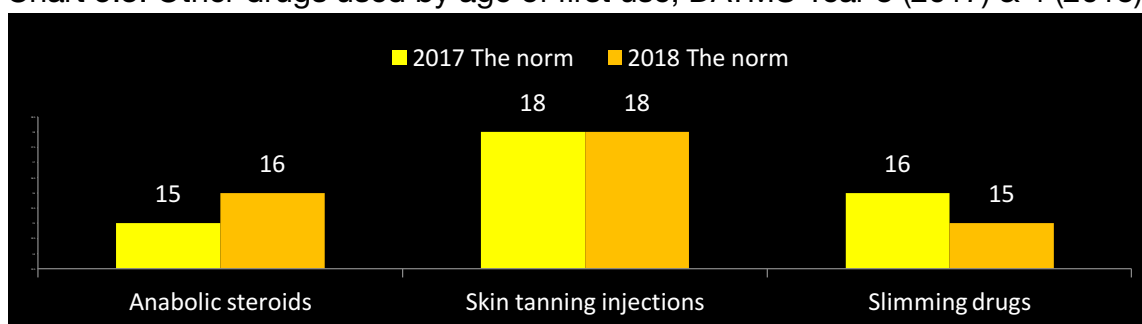
UNTREATED DRUG AND ALCOHOL USE

Chart 5.2: Least commonly used drugs by age of first use, DATMS Year 3 (2017) & 4 (2018)



~ Tramadol, Oxycodone, Fentanyl, Tylex, Kapake

Chart 5.3: Other drugs used by age of first use, DATMS Year 3 (2017) & 4 (2018)



UNTREATED POLYDRUG USE

From Year 1 to 4, the profile of untreated drug use has been similar. Polydrug use was the norm and alcohol was an integral part of it. The most common forms of polydrug use were similar among untreated young and adult drug users.

MOST COMMON FORMS OF UNTREATED POLYDRUG USE

Untreated young & adult drug users

- 1st: Alcohol & cannabis herb
- 2nd: Alcohol & cocaine powder &/MDMA
- 3rd: Cannabis herb, benzodiazepines, z drugs

Untreated young drug users

- 4th: Alcohol & ketamine

PATTERN OF UNTREATED DRUG USE

From Year 1 to 4, the pattern of untreated drug use was the same. Alcohol and cannabis herb were used throughout the week, and other drugs were mainly used at the weekend. The frequency of drug use varied from daily, weekly to less regular use. For some young people drug use occurred before and during school time⁶. The frequency of drug use was age dependent, with those aged 18 and over reporting more regular use.

CHANGES IN UNTREATED DRUG USE

From Year 1 to 4, the use of alcohol, cannabis herb, cocaine powder and ketamine by untreated adult and young drug users has continued to increase. All changes in the prevalence of drug use are reported in the table below (Table 5.1).

Table 5.1: Changes in prevalence of untreated drug use in Dublin 15, DATMS Year 1 to 4

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018
Alcohol	↑	↑	↑
Cannabis herb	↑	↑	↑
Cocaine powder	↑	↑	↑
Ketamine	↑	↑	↑
Benzodiazepines, z drugs	*	↑	↑
Anabolic steroids	*	↑	*
MDMA	*	↑	↓
Cannabis oil	^	^	↑
Crack cocaine	*	*	↑
Lean (Syrup)	*	*	↑
Cannabis resin	↑	↓	↓
Prescribed opiates**	*	↓	↓
Pregabalin (Lyrica)	*	↓	↓
OTC codeine ^o	*	↓	↓
Solvents (Nitrous oxide)	~	~	~
GHB/GBL	~	~	~

↑ Increase in use of drug

↓ Decrease in use of drug

* No change in use of drug

^ Use of drug first reported in Year 3

** Tramadol, Oxycodone, Fentanyl, Tylex, Kapake

^o Solpadeine, nurofen plus

~ Use of drug first reported in Year 4

- The increase in use of alcohol was more prevalent among younger people.

⁶ The use of drugs during school time is discussed further in the chapter 'Consequences of drug and alcohol use'

- New strains of cannabis herb with higher amounts of THC (the psychoactive component) were reported. These strains included 'gorilla glue' and 'Californian kush'. This was also reported by treated drug users.
- Cannabis oil is available with and without THC, the former for intoxication, the latter for medicinal purposes. This was also reported by treated drug users.
- Untreated young drug users reported an increase in the polydrug use of alcohol and ketamine.

PREVALENCE RATES OF DRUG USE IN DUBLIN 15

Year 3 provided a trend analysis of the prevalence of drug use in the general Irish population from 2006/07 to 2014/15 (NACDA, 2016). No new data was available for Year 4, though to contextualise the prevalence of drug use in Dublin 15, a summary of the trend analysis has been provided. The findings suggest illegal drug use has increased and alcohol use has decreased, though the proportion of the population using alcohol remains high and it remains the most commonly used drug⁷. 2014/15 prevalence rates of drug use and the 2016 CSO population statistics were used to estimate the number of drug users in Dublin 15 (Tables 5.2 to 5.4). The data identifies that the most commonly used drug in Dublin 15 is alcohol.

Table 5.2: Last month prevalence of drug use among Dublin 15 population, NACDA drug prevalence rates 2014/2015 & CSO 2016

Age range	Recently used alcohol	% of Dublin 15 population	Recently used illegal drugs	% of Dublin 15 population
15-34 years	20,015	65%	2,771	9%
35 years & over	32,873	65%	1,011	2%

Table 5.3: Last year prevalence of drug use among Dublin 15 population, NACDA drug prevalence rates 2014/2015 & CSO 2016

Age range	Used alcohol in the last year	% of Dublin 15 population	Used illegal drugs in the last year	% of Dublin 15 population
15-34 years	24,630	80%	4,926	16%
35 years & over	40,440	80%	2,022	4%

Table 5.4: Lifetime prevalence of drug use among Dublin 15 population, NACDA drug prevalence rates 2014/2015 & CSO 2016

Age range	Used alcohol in lifetime	% of Dublin 15 population	Used illegal drugs in lifetime	% of Dublin 15 population
15-34 years	25,547	83%	11,389	37%
35 years & over	43,979	87%	13,143	26%

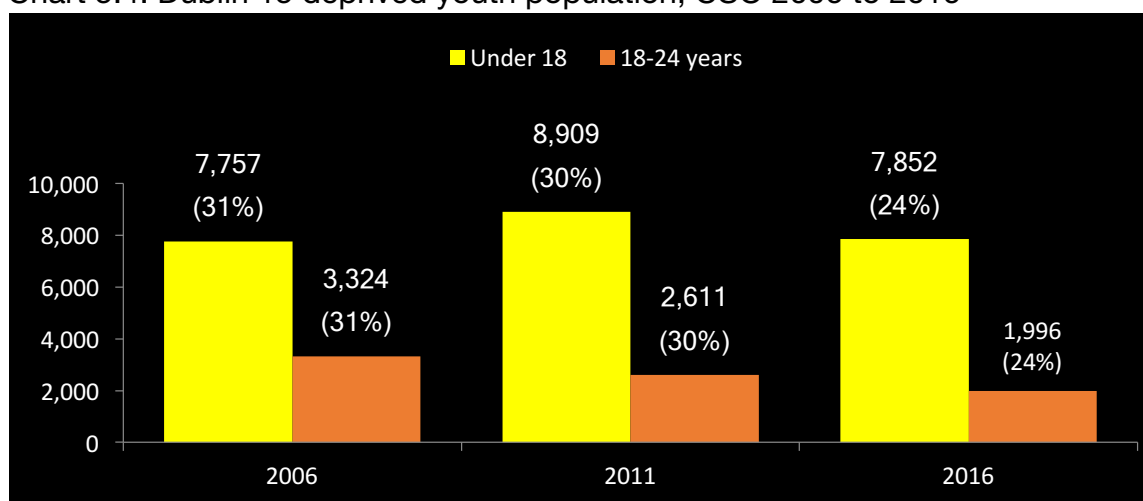
⁷ Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Lifetime prevalence rates of drug use in Dublin 15 and nationally are higher than lifetime prevalence rates in Europe. The EMCDDA reports 29% of adults aged 15 to 64 years in Europe are estimated to have used illegal drugs during their lives (EMCDDA, 2019).

DUBLIN 15 AT-RISK YOUTH POPULATION

It is important to quantify deprived youth populations as they have higher risk factors for drug use compared with non-deprived youths. This data can then be used for service planning. Year 2 mapped at-risk under 18 year olds in Dublin 15 to identify where these young people lived. The map showed that the highest concentration of at-risk youths live in areas scored as disadvantaged by the Deprivation Index (Mulhuddart, Corduff, Mountview, Blakestown, Tyrrelstown, Coolmine). This data was not provided for Year 3 or 4⁸. Thus, the Deprivation Index was used to quantify the at-risk youth population of Dublin 15 (Chart 5.4)⁹. The areas where these young people live were similar to the areas reported in Year 2.

Chart 5.4: Dublin 15 deprived youth population, CSO 2006 to 2016



⁸ Further information reported in the chapter 'DATMS research objectives & method'

⁹ Previously reported in chapter 'Socio-demographic profile of Dublin 15'

6. FACTORS CONTRIBUTING TO DRUG & ALCOHOL USE

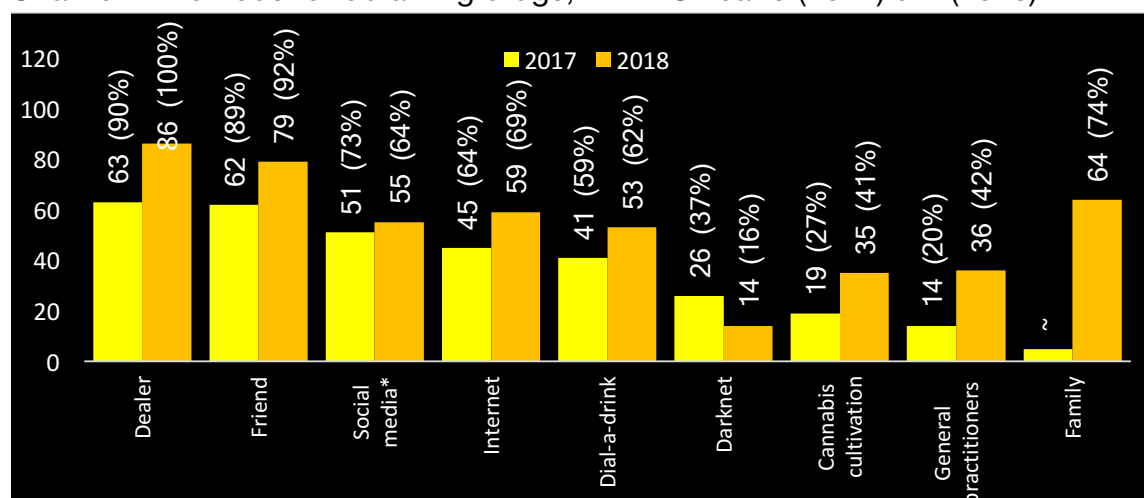
A range of factors contribute to drug and alcohol use in Dublin 15. They include easy access to drugs and alcohol, the normalisation of drug and alcohol use, the family context and mental ill-health.

1) ACCESSIBILITY OF DRUGS

METHODS FOR OBTAINING DRUGS

From Year 1 to 4, the main method for obtaining drugs was through local dealers. Year 1 and 2 reported the internet was the second most commonly used method to obtain drugs, while Year 3 and 4 reported it was friends. Chart 6.1 reports the methods used to obtain drugs in Year 3 and 4; all of these methods were also reported in Year 1 and 2.

Chart 6.1: Methods for obtaining drugs, DATMS Year 3 (2017) & 4 (2018)



~Number too small to be reported (5 or less)

*Includes Facebook, Snapchat, Instagram

Treated drug users continue to report that some General Practitioners services were misused to obtain access to controlled drugs. They also reported that in 2018 it had become more challenging to access benzodiazepines and z drugs using this method. This may be because of the stricter prescribing procedures for these drugs introduced in 2017 under the Misuse of Drugs Act. This change was instigated to address the misuse of these drugs, but it may have contributed to the unintended consequence whereby most benzodiazepines and z drugs that are now consumed are counterfeit. The issue with these tablets is that they are reported to contain inconsistent doses which increases the risk of overdose. In 2018, the

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

EMCDDA reported an increase in the availability of synthetic benzodiazepines¹⁰. It is evident that when a supply route is compromised another will be created to meet the demand. It is clear that it remains challenging to address the misuse of these drugs.

CHANGES IN DRUG AVAILABILITY

From Year 1 to 4, participants reported changes in the availability of drugs (Table 6.1). All drugs that have increased in availability are the most commonly used except for cannabis oil. Each year of the DATMS has reported an increase in the availability of benzodiazepines and z drugs. The increased availability of cocaine was also reported in Europe, evidenced in part by the highest estimates of cocaine purity at street level in a decade (EMCDDA, 2019)¹¹.

Table 6.1: Changes in drug availability in Dublin 15, DATMS Year 1 to 4

Drug type	Year 1	Year 2	Year 3	Year 4
Benzodiazepines, z drugs	↑	↑	↑	↑
Cannabis herb	↑	*	↑	↑
Crack cocaine	↑	*	↑	↑
Cocaine powder	*	*	↑	↑
Heroin	*	*	↑	↑
Cannabis oil	^	^	^	↑
Alcohol	↑	↑	↑	*
Pregabalin (Lyrica)	*	↑	↑	*
MDMA	*	*	↑	*
Ketamine	*	*	↑	*
Cannabis resin	↓	↑	↓	↓
Steroids	↑	*	*	*
Opiate (oxycodone)	*	↑	*	*

↑ Increase in drug availability

↓ Decrease in drug availability

* No change in drug availability

^ Use of drug first reported in Year 3

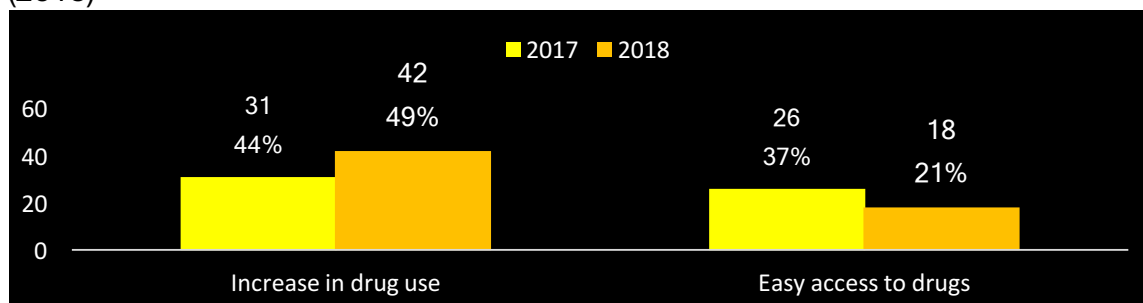
Reasons for increase in drug availability

Drug users reported the main reasons for the increase in drug availability was an increase in drug use and that they were easily accessed (Chart 6.2).

¹⁰ Also reported in the chapter 'Treated drug & alcohol use'

¹¹ Also reported in the chapter 'Treated drug & alcohol use'

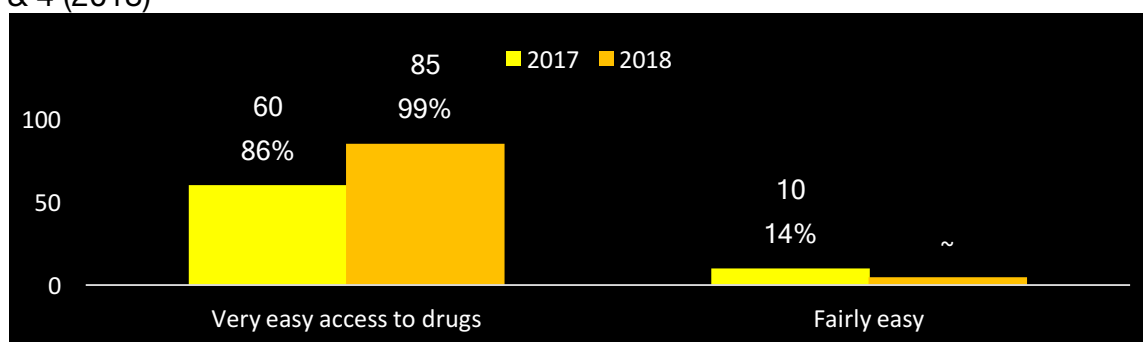
Chart 6.2: Rationale for increase in drug availability, DATMS Year 3 (2017) & 4 (2018)



Drug users reported that the increase in drug use was associated with a reduction in the cost of some drug types (crack and powder cocaine). An increase in the use of benzodiazepines, z drugs and heroin was reported to be associated with the increase in the use of crack cocaine, whereby these sedatives were used to help the comedown from crack cocaine. Former crack cocaine users also reported returning to heroin as a harm reduction measure, as they perceived it to be less harmful than crack cocaine. The normalisation of drug use was reported as a reason for the increase in drug use among young people¹².

The majority of drug users in Year 3 and 4 reported that access to drugs in Dublin 15 was very easy (Chart 6.3).

Chart 6.3: Ease of access to drugs in Dublin 15, DATMS Year 3 (2017) & 4 (2018)



~ Number of cases too small to be reported (5 or less)

The following factors have contributed to the ease of access to drugs in Dublin 15 (Table 6.2).

¹² Further data concerning the normalisation of drug use is reported in the following section

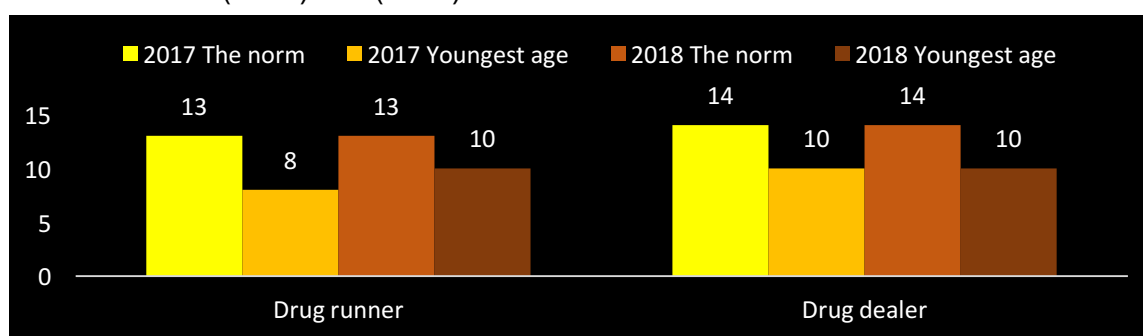
Table 6.2: Factors contributing to ease of access to drugs, DATMS Year 1 to 4

Factors contributing to ease of access to drugs	Year 1	Year 2	Year 3	Year 4
Increase in number of dealers			✓	✓
Increase in number of under 18s dealing*		✓	✓	✓
Dealers making home deliveries to customers	✓	✓	✓	
Obtaining drugs from the internet	✓	✓	✓	
Obtaining drugs from local General Practitioners	✓	✓	✓	

*Under 18 drug runners and dealers

Since Year 2 of the DATMS, an increase in the number of under 18s dealing drugs has been reported. Year 3 and 4 reported the age of drug runners and dealers in Dublin 15 (Chart 6.4); the norm plus the youngest age has been reported.

Chart 6.4: Drug runners and dealers in Dublin 15 aged under 18, DATMS Year 3 (2017) & 4 (2018)



From Year 3 to 4, the profile of under 18 drug runners and dealers was similar. They were predominately male, though females aged from 12 years also engaged in these activities.

The reasons that children and young people become involved in this criminal activity are multi-faceted and incorporate personal, family and environmental factors. The desire to increase social status is an important driver of drug dealing behaviour and to make 'easy money'. Within a family context, participants reported that older family members were drug dealers. Three environmental factors were reported. Firstly, since Year 2, participants reported that drug debt intimidation is increasing in Dublin 15. It is likely that there is a link between the increasing levels of drug debt intimidation and under 18s drug running and dealing, whereby young people are forced to hold and sell drugs to pay off debts. Secondly, in all four years of the DATMS, the normalisation of drug use has featured prominently whereby drugs are perceived to be socially acceptable¹³. This normalisation may influence a young person's decision to become involved in drug running and dealing as they may not identify the negative consequences of such behaviour.

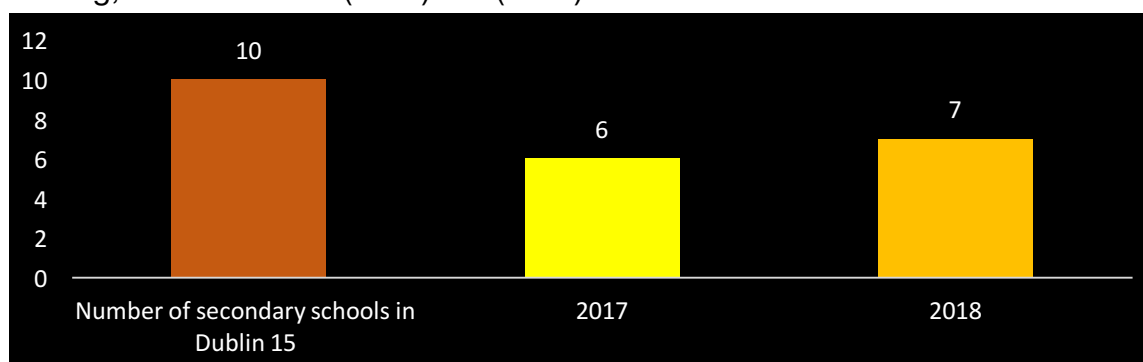
¹³ Further data concerning the normalisation of drug and alcohol use is reported in the following section

Thirdly, the use of minors for drug distribution has been a long-standing method used by older, larger scale dealers, as due to their age there are fewer criminal consequences. This also has the consequence of easy access to customers; whereby young people distribute drugs to their peers and friends. In October 2019, Fianna Fáil spokesperson for National Drug Policy and TD for Dublin Mid-West, John Curran proposed a new bill to tackle the use of children in the distribution of drugs. This bill would make it a criminal offence to purchase drugs from a person under the age of 18 and to cause a child to be in possession of drugs for the intent of sale and supply.

Drug dealing in local secondary schools

All four years of the DATMS reported that drug dealing occurred in local secondary schools. In Year 3, 60% (42) of participants reported that drug dealing occurred in secondary schools and this increased to 78% (67) in Year 4. From Year 3 to 4, there was an increase in the number of secondary schools with evidence of drug dealing (Chart 6.5). In both years, these schools included those with and without DEIS status, and those located in affluent and deprived areas. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries.

Chart 6.5: Number of secondary schools in Dublin 15 with evidence of drug dealing, DATMS Year 3 (2017) & 4 (2018)



DRUGS MANUFACTURED IN DUBLIN 15

Year 1 to 4 reported that drugs were manufactured in Dublin 15. Table 6.3 reports the types of drugs manufactured. In Year 3, 27% (19) of participants reported that drugs were manufactured in Dublin 15, this increased to 42% (36) in Year 4.

Table 6.3: Types of drugs manufactured in Dublin 15, DATMS Year 1 to 4

Drug type	Year 1	Year 2	Year 3	Year 4
Cannabis herb	√	√	√	√
Crack cocaine			√	√
Cannabis oil			√	√
Benzodiazepines	√	√	√	
Z drugs			√	
MDMA			√	√

DRUGS SOURCED FROM OUTSIDE DUBLIN 15

In Year 3, 67% (47) of drug users reported that people travelled outside the area to obtain drugs, and this decreased to 48% (41) in Year 4. However, they reported that this was not the norm as drugs were always available in the area. Drug users reported travelling outside Dublin 15 to get larger quantities, better quality and price. Areas travelled to included Dublin City Centre, Finglas, Ballymun and Ballyfermot, Coolock, Clondalkin and Cabra.

2) NORMALISATION OF DRUG AND ALCOHOL USE

In all four years of the DATMS the normalisation of drug use featured prominently as a factor contributing to drug use. The common perception was that alcohol and drugs were widely used, risk free and socially acceptable. This normalisation was reported among peer groups and family units. The drugs normalised included alcohol, cannabis, cocaine powder, benzodiazepines and z drugs.

From Year 1 to 4, when participants were asked to report the five most frequently used drugs, they had to be prompted to include alcohol in their answer; they did not view alcohol as a drug and drinking to excess was the norm. This identifies that alcohol was the most normalised of all drugs in Dublin 15.

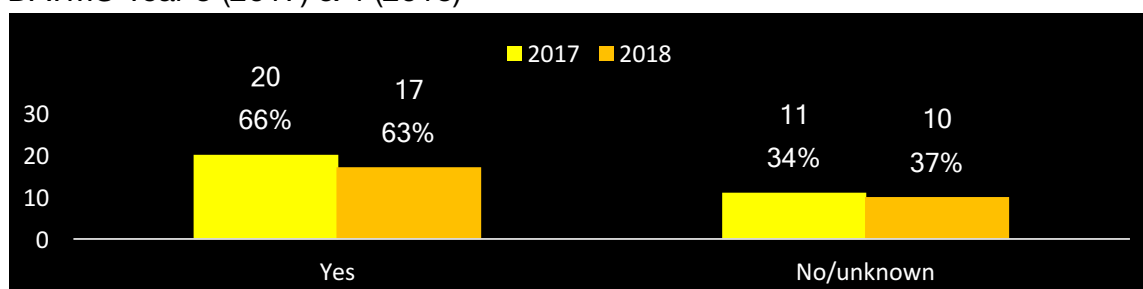
In all four years of the DATMS participants also reported that not all drugs were normalised. These drugs included heroin, methadone, crack cocaine, counterfeit benzodiazepines and z drugs. These perceptions concerning the normalisation of drug fails to or chooses not to acknowledge the physical, mental and social harms associated with the use of all drugs¹⁴.

¹⁴ Further data concerning the normalisation of drug and alcohol use is reported in the 'Executive summary', the previous section 'Accessibility of drugs', and the next section 'Family context'

3) FAMILY CONTEXT

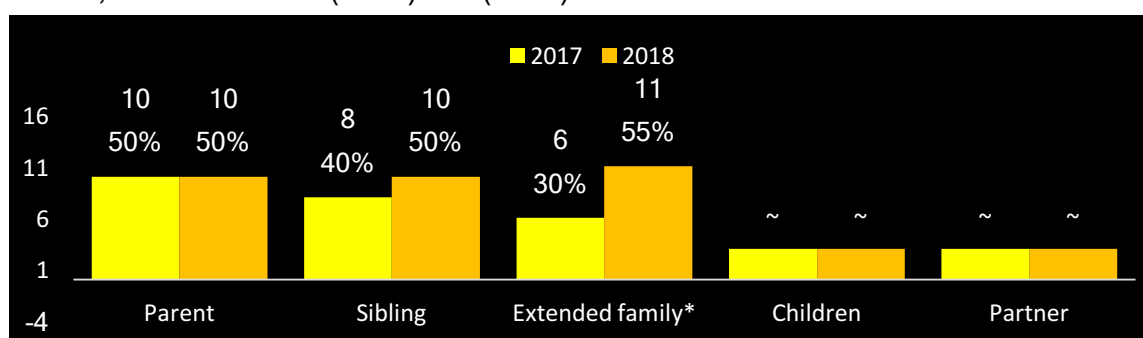
All four years of the DATMS reported the negative impact of drug and alcohol dependence within the family. The data reported the family context as a risk factor for the normalisation of drug and alcohol use, and the development of inter-generational drug and alcohol dependence¹⁵. The majority of treated drug users who participated in Year 3 and 4 reported having family members who also had problems with drugs and/or alcohol (Chart 6.6).

Chart 6.6: Drug and/or alcohol issues among treated drug users family members, DATMS Year 3 (2017) & 4 (2018)



In Year 3 and 4, inter-generational drug and alcohol use spanning up to three generations was reported by 48% of treated drug users. Chart 6.7 reports the type of treated drug users' family members with drug and/or alcohol issues.

Chart 6.7: Type of treated drug users family members with drug and/or alcohol issues, DATMS Year 3 (2017) & 4 (2018)



Category totals exceed total number of participants as some treated drug users reported having more than one drug and/or alcohol dependent family member

~ Number of cases too small to be reported (5 or less)

* Grandparent, aunt/uncle, cousin

PREVALENCE OF CHILDREN AFFECTED BY PARENTAL SUBSTANCE MISUSE

A methodological framework for estimating the prevalence of children whose parents misuse substances has been developed in the Irish context (Galligan &

¹⁵ Further data concerning the impact of drug dependence within the family is reported in the chapter 'Consequences of drug and alcohol use'

Comiskey, 2019). These estimates and the 2016 CSO population statistics have been used to estimate the number of children affected by drug and alcohol use in Dublin 15. In 2016¹⁶, there were 32,717 children aged up to 18 years living in Dublin 15. An estimate of 15%-24% or 4,907 to 7,852 children are potentially impacted by parental illicit drug use in Dublin 15. An estimate of 14%-37% or 4,580 to 12,105 children are potentially impacted by parental alcohol dependency in Dublin 15. This research assists with quantifying the hidden harm associated with parental drug and alcohol misuse which is important for planning service provision.

¹⁶ Most recent CSO population census

4) MENTAL HEALTH

YOUTH MENTAL HEALTH

From Year 1 to 4, service providers reported an increase in the incidence of mental health issues (anxiety related issues) among children and young people. Poor mental health is a risk factor for drug use which identifies the importance of early intervention. Service providers reported the following personal, familial and environmental factors that compromised youth mental health:

- Drug and/or alcohol use
- Lack of mental health protective factors such as resilience skills
- Parental mental health and/or drug and alcohol issues
- Child neglect
- Poverty
- Homelessness

These factors affected children's educational attendance and attainment. For some young people their education was further hampered by their parents' poor educational attainment. Service providers reported the need to increase access to youth mental health services¹⁶. The negative impact of inter-generational drug use and deprivation on young people was apparent¹⁷.

Dublin 15 mental health treatment demand

The Year 4 profile of treatment demand for children and youth mental health services is incomplete due to poor data returns¹⁸. The following data relates to Jigsaw Dublin 15. Due to the incomplete dataset, no comparison will be completed with Year 3.

A total of 545 children and young people were treated for mental health issues or disorders in 2018 in Jigsaw Dublin 15 (Chart 6.8). The clients ranged in age from under 11 to over 27 years (Chart 6.8); some clients were treated for more than one mental health issue or disorder (Chart 6.9).

¹⁶ The type of mental health services required are reported in the chapter 'Service provision'

¹⁷ Further data concerning the impact drug use has on education is reported in chapter 'Consequences of drug use'

¹⁸ Further information reported in the chapter 'DATMS research objectives & method'

FACTORS CONTRIBUTING TO DRUG AND ALCOHOL USE

Chart 6.8: Treated clients by gender and age, Jigsaw Dublin 15, 2018

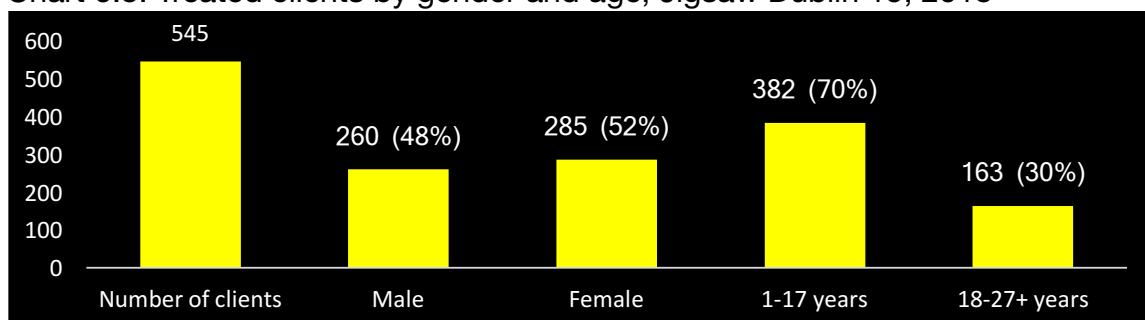
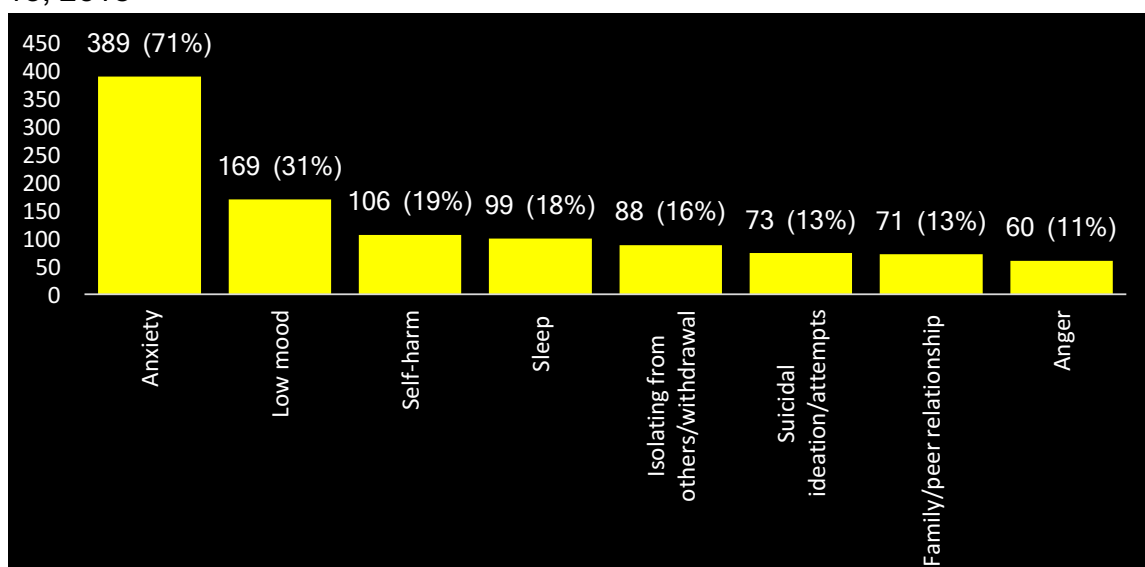


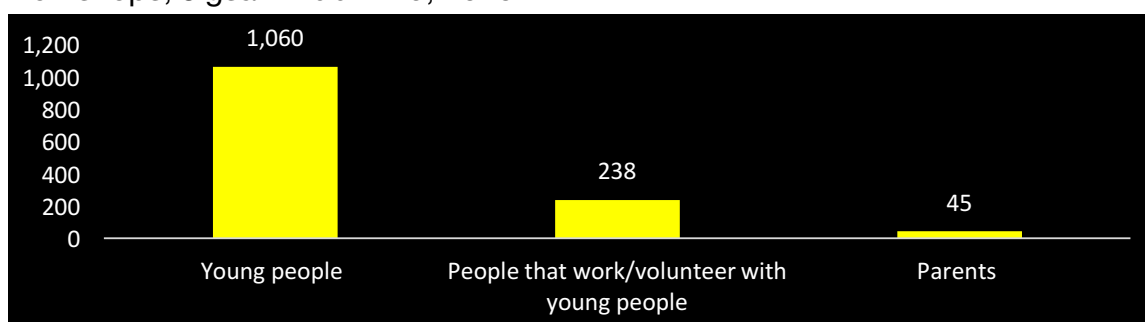
Chart 6.9: Treated clients by type of mental health issue or disorder, Jigsaw Dublin 15, 2018



Category totals exceed total number of clients as some clients experienced more than one mental health issue or disorder

In 2018, Jigsaw Dublin 15 operated a range of youth mental health education and training workshops for a variety of audiences. The chart below identifies the number and type of people who attended these workshops in Dublin 15 (Chart 6.10).

Chart 6.10: Number and type of people who attended youth mental health workshops, Jigsaw Dublin 15, 2018



7) CONSEQUENCES OF DRUG & ALCOHOL USE

1) PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF DRUG USE

There was limited data concerning the health-related consequences of drug use for Year 1 to 4. Table 7.1 reports the main physical and mental health issues reported by treated adult drug users in Year 4; similar issues were reported from Year 1 to 3.

Table 7.1: Main physical and mental health issues experienced by treated adult drug users, DATMS Year 4

Physical health	Respiratory diseases/issues associated with smoking drugs
	Problems associated with injecting drug use (blood borne viruses, vein damage)
	Liver diseases due to injecting drug use and alcohol use
	Drug-related deaths
Mental health	Mood disorders/issues (depression)
	Anxiety disorders/issues
	Psychotic symptoms (paranoia, psychosis)
	Self-harm

Service providers reported an increase in mental health disorders among treated adult drug users in Year 4. A profile of treatment demand for adult mental health services was not produced as no data was provided to the DATMS¹⁹.

CHEMSEX

Chemsex is a form of drug use that involves the use of specific drugs to facilitate or enhance sex. The most commonly used drugs are Methamphetamine, Mephedrone and GHB/GBL, with one or more of these drugs used during a session. Chemsex can be a high-risk activity involving overdose, injecting drug use, unsafe sexual practices, sexual assault and drug dependence. Chemsex usually refers to sex by men who have sex with men.

DATMS data from Year 2 to 4 suggested that chemsex was hidden and/or not prevalent in Dublin 15. Indeed, 2016 and 2017 NDTRS data reported very few cases treated for the use of drugs associated with chemsex; use of these drugs may be an indirect indicator of chemsex.

¹⁹ Further information reported in the chapter 'DATMS research objectives & method'

Year 2 and 3 reported that people engaged in this behaviour were male treated drug users who were homosexual. In Year 4, the profile of people engaged in this behaviour expanded to include male and female untreated drug users who were heterosexual (Table 7.2). It was also reported that these drugs were not always used in a sexual context.

Table 7.2: Profile of chemsex in Dublin 15, DATMS Year 2 to 4

Year	Treated drug users	Untreated drug users	Gender		Age range	Ethnicity	Sexual orientation	
			Male	Female			White Irish	Homosexual
Year 2	✓		✓		30s	✓	✓	
Year 3	✓		✓		30s	✓	✓	
Year 4	✓	✓	✓	✓	30s	✓	✓	✓

The HSE National Drug Treatment Centre operates the Club Drugs Clinic which provides a GHB/GBL detoxification service. From 2014 to 2016, 11 people availed of this detoxification service, which increased to 49 people in 2018 and to 76 people from January to August 2019. The profile of people attending this service included males and females, homosexuals and heterosexuals. This data together with our DATMS data, suggests the use of GHB/GBL is increasing, which may suggest that the prevalence of chemsex is also increasing.

HOSPITAL IN-PATIENT ENQUIRY SCHEME (HIPE)

HIPE is a health information system that reports day and in-patient discharges from acute public hospitals. Each HIPE discharge record represents one episode of treatment rather than an individual patient; a patient may be admitted to hospital more than once in any given time period with the same or different diagnoses. From 2012 to 2018 there were 1,861 treatment episodes for mental health and behavioural disorders²⁰ associated with drug use among Dublin 15 residents (Charts 7.1 and 7.2).

- The drugs implicated included alcohol, opioids, cannabis, benzodiazepines, z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use
- From 2012 to 2017, the number of treatment episodes increased though in 2018, this upward trend decreased
- From 2012 to 2018, the majority of cases were male and aged over 30 years
- Over the reporting period, treatment episodes increased from 1% to 2% of national treatment episodes

²⁰ The HIPE classification 'mental health and behavioural disorders' includes the following diagnostic codes: acute intoxication; physical health consequences of drug use; drug dependence; drug withdrawal; psychotic disorder; other mental and behavioural disorders. The number of treatment episodes for some of the diagnostic categories was too small to be reported and therefore the data has been presented together.

Chart 7.1: Treatment episodes for mental health and behavioural disorders due to drug use among Dublin 15 residents by gender, HIPE 2012-2018

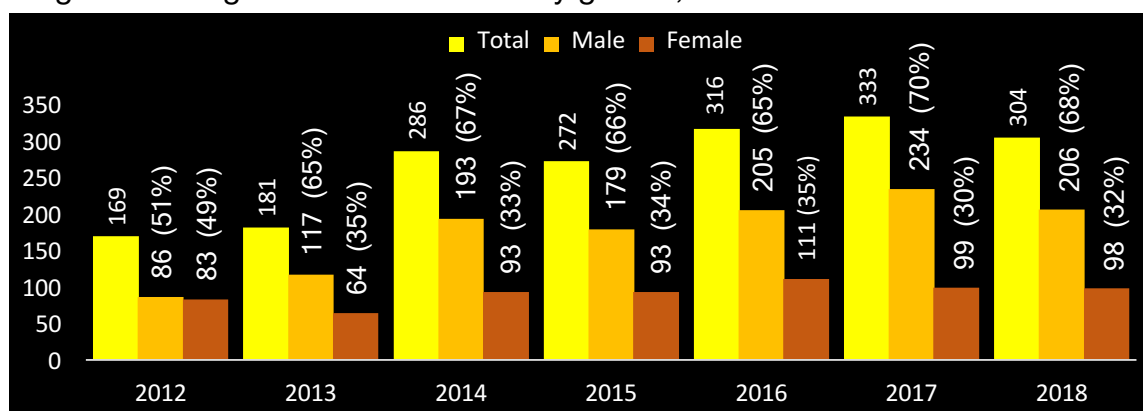
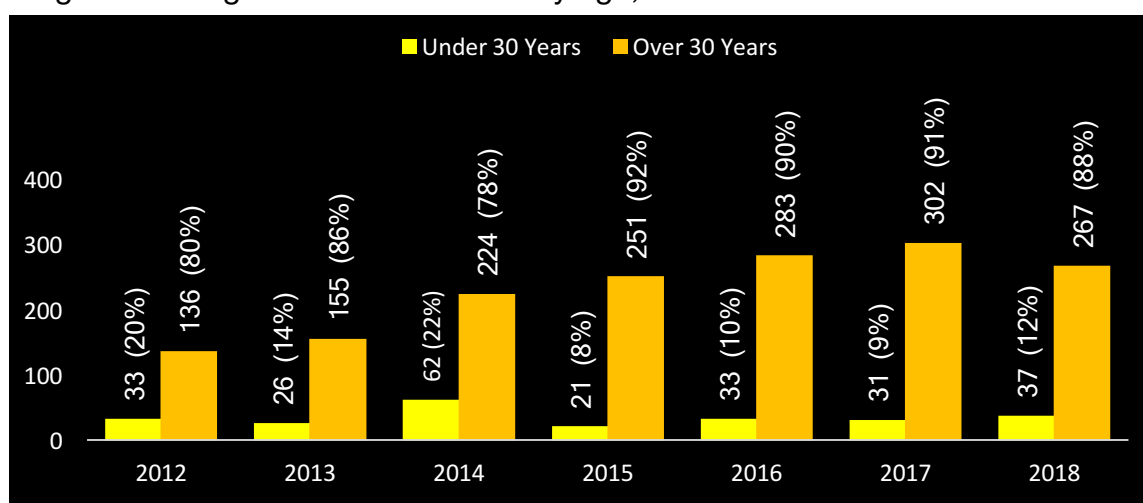


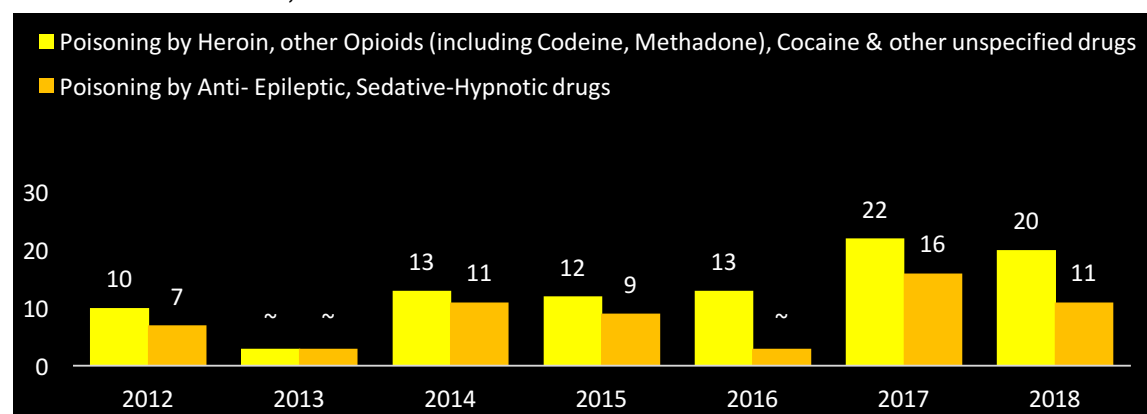
Chart 7.2: Treatment episodes for mental health and behavioural disorders due to drug use among Dublin 15 residents by age, HIPE 2012-2018



From 2012 to 2018, there were 153 treatment episodes for drug-related poisonings (overdoses) among Dublin 15 residents (Chart 7.3). The poisonings may not have resulted in death.

- From 2012 to 2017, the number of treatment episodes increased though in 2018, this upward trend decreased
- From 2012 to 2017, the number of treatment episodes for poisonings associated with opioids, cocaine and other drugs increased from 2% to 3% of national treatment episodes, decreasing to 2% in 2018
- From 2012 to 2017, the number of treatment episodes for poisonings associated with anti-epileptic and sedative-hypnotic drugs increased from 1% to 2% of national treatment episodes, decreasing to 1% in 2018

Chart 7.3: Treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, HIPE 2012 to 2018



~ Number of poisonings too small to be reported (5 or less)

NATIONAL DRUG-RELATED DEATHS INDEX (NDRDI)

The NDRDI provides a census of drug-related deaths in Ireland. From 2004 to 2016, there were 8,207 drug-related deaths (Health Research Board, 2019):

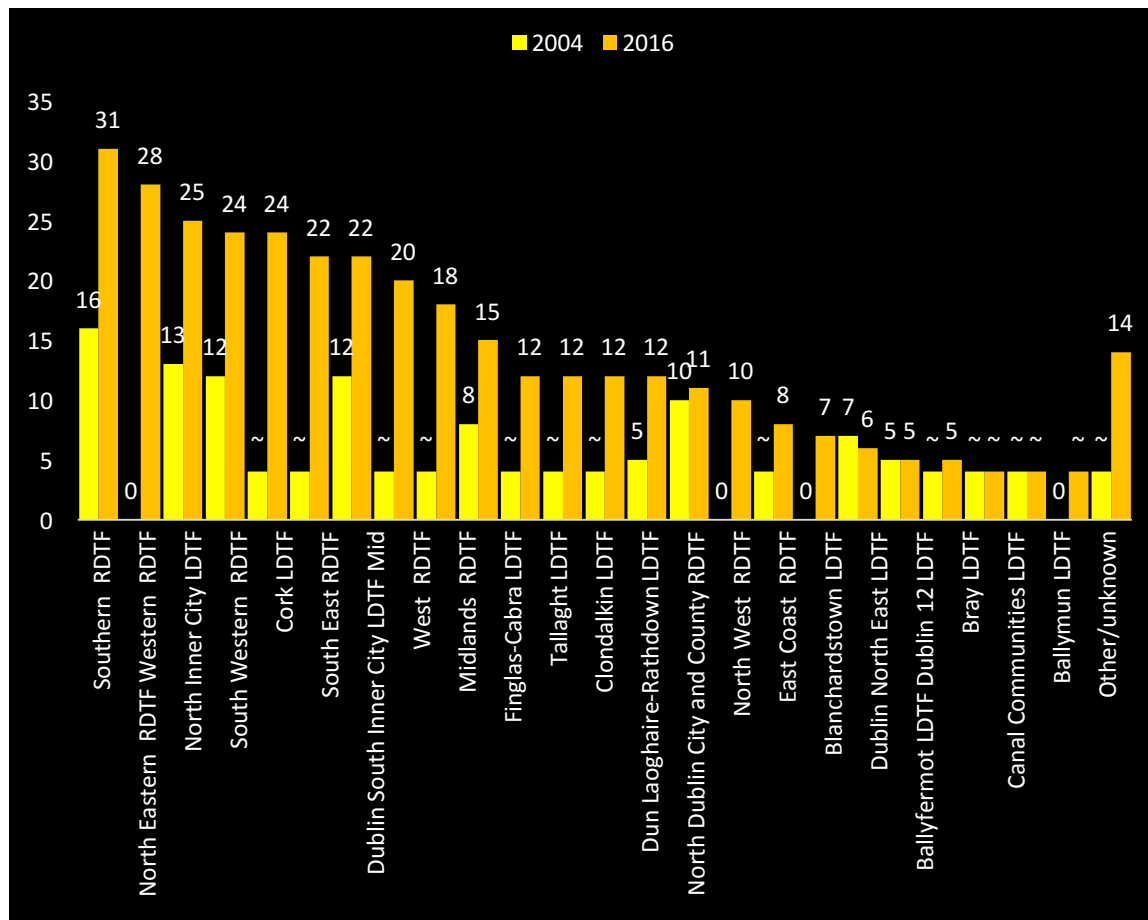
- 4,597 (56%) were due to poisoning (overdose)
- 3,610 (44%) were due to non-poisoning (trauma or medical causes)
 - The number of deaths increased by 71% from 431 in 2004 to 736 in 2016
 - The majority of those who died were male (75%)
 - The median age of those who died was 42 years

Key findings poisoning deaths:

- The number of poisoning deaths increased by 33% from 266 in 2004 to 354 in 2016; the number of people who died per year and were living in the BLDATF area increased from zero to seven (Chart 7.4)

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 7.4: Poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2004 and 2016

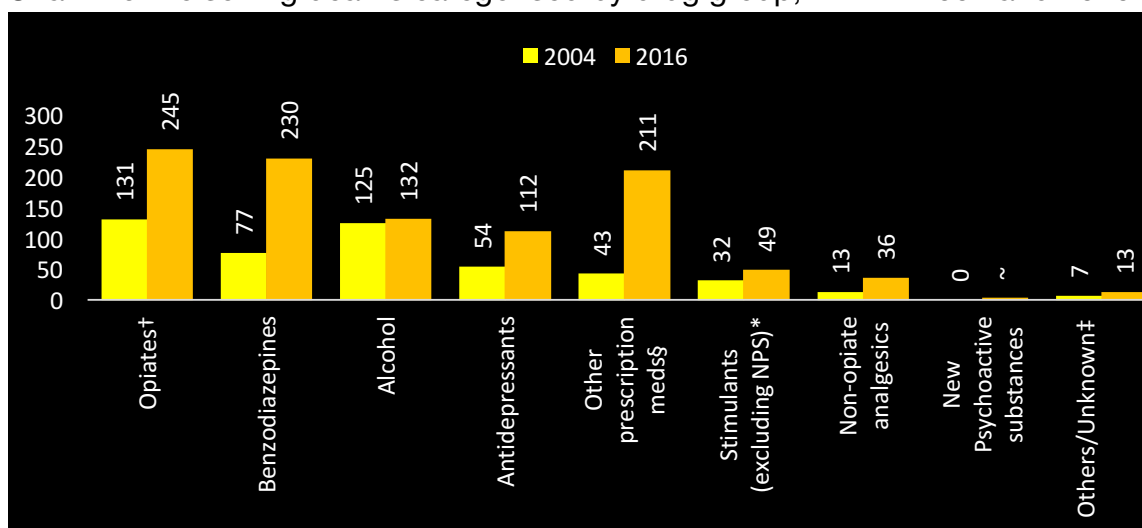


~ Less than 5 deaths

- Alcohol was implicated in 1 in 3 poisoning deaths an 18% increase from 2015
- Prescription drugs were implicated in 7 out of 10 poisoning deaths
- Cocaine-related deaths decreased from 45 in 2015 to 41 in 2016
- Polydrug use was involved in 3 in 5 poisoning deaths
- Opiates were the main drug group associated with deaths, followed by benzodiazepines and alcohol (Charts 7.5 and 7.6)

CONSEQUENCES OF DRUG AND ALCOHOL USE

Chart 7.5: Poisoning deaths categorised by drug group, NDRDI 2004 and 2016



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

† Includes heroin, methadone, morphine, codeine, unspecified opiate-type drug, other opiate analgesic

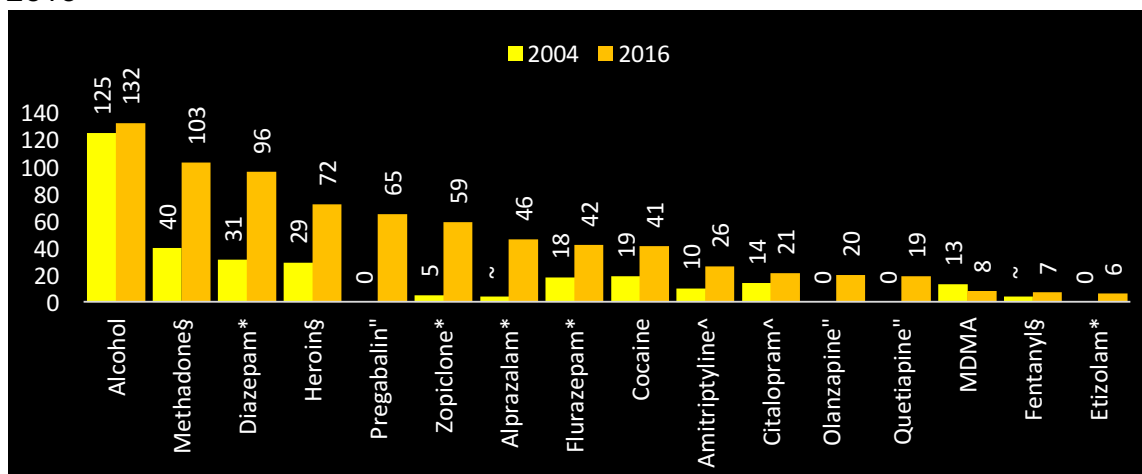
§ Includes non-benzodiazepine sedatives (e.g. zopiclone); anti-psychotic; antiepileptic (e.g. pregabalin); cardiac and all other types of prescription medication

* Includes cocaine and MDMA

‡ Includes solvents; insecticides; herbicides; other amphetamines; hallucinogens and other chemicals

~ Less than 5 deaths

Chart 7.6: Poisoning deaths categorised by individual drug, NDRDI 2004 and 2016



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

§ Opiate

* Benzodiazepine/Z drug

" Anti-psychotic

^ Anti-depressant

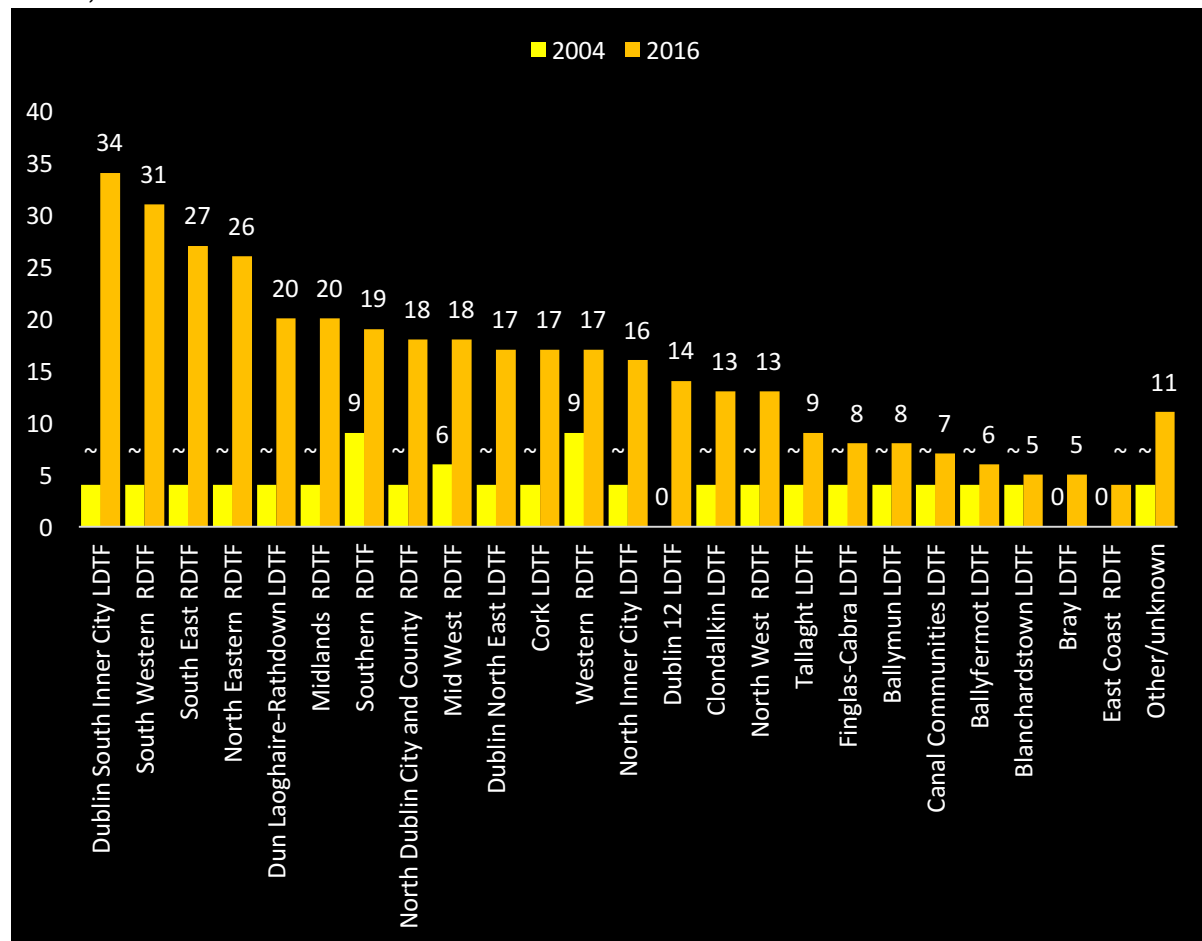
~ Less than 5 deaths

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Key findings non-poisoning deaths:

- The number of non-poisoning deaths increased by 132% from 165 in 2004 to 382 in 2016; the number of people who died per year and were living in the BLDATF area remains low compared with other Task Force areas (Chart 7.7)
- In 2016, 172 (45%) deaths were due to trauma; 93 (24%) of these deaths were due to hanging and 75% of these people had a history of mental health problems
- In 2016, 210 (55%) were due to medical causes, with 56 (15%) due to cardiac events

Chart 7.7: Non-poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2004 and 2016

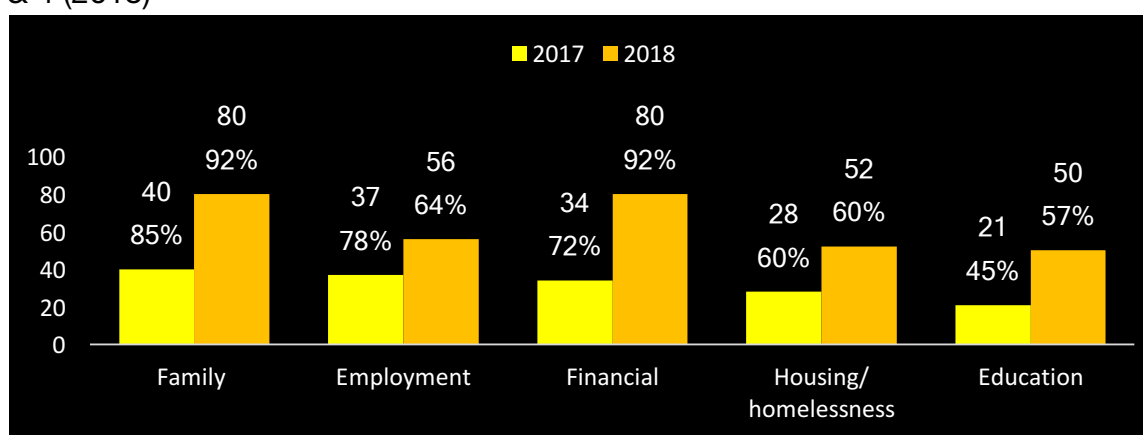


~ Less than 5 deaths

2) SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of drug and alcohol use were reported to be a barrier to rehabilitation for treated drug users. They include issues with family, employment, finances, housing and education. These consequences have been reported in all four years of the DATMS, with many treated drug users and their families experiencing more than one, as they are inextricably linked. Year 4 reported that fractured family relationships and financial issues were the most common (Chart 7.8).

Chart 7.8: Social issues experienced by treated drug users, DATMS Year 3 (2017) & 4 (2018)



FAMILY

All four years of the DATMS reported the negative impact of drug and alcohol dependence within the family. Family members reported that addiction within the family caused conflict, turmoil and led to the breakdown of relationships and family units²¹. Family members reported caring for grandchildren as their children were in addiction. They also reported having to deal with the fear, violence and financial implications associated with drug debt intimidation. As a consequence, their physical and mental health was compromised. Family members reported attending family support services, counselling services and peer-led support groups. They stated that these services and groups provided supportive and non-judgemental environments that helped them deal with their family circumstances.

²¹ Data concerning the family context as a risk factor for the normalisation of drug use and the development of inter-generational drug dependence is reported in the chapter 'Factors contributing to drug use'

BLDATF FAMILY SUPPORT SERVICE

In 2018, we developed the BLDATF Family Support Service in response to a gap in service provision identified by DATMS participants since Year 1. The service provides a range of evidence-based programmes and practices to adults. The primary focus of our support service is based on the 'Stress Strain Coping Supports' model which was introduced in Ireland by the National Family Support Network (NFSN) in 2014. The model considers how harms to individuals and families can be reduced. The following describes the evidence-based programmes and practices provided:

1) The 5-Step Method

The 5-Step Method is an evidence-based, non-pathologising, brief, psycho-social intervention which works with family members affected by drug and alcohol use. It is both simple and effective in filling a gap that exists for family support that does not see family members solely as supporters for their loved one but as people needing support for themselves. It was developed and evaluated by the UK based AFINet Group. The 5-Step Method is grounded in rigorous research and a clear theoretical model underpins the intervention.

2) Triple P – Positive Parenting Programme

The Triple P – Positive Parenting Programme is a parenting and family support system designed to prevent, as well as treat, behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their potential. Triple P draws on social learning, cognitive behavioural, and developmental theory, as well as research into risk factors associated with the development of social and behavioural problems. It aims to equip parents with the skills and confidence they need to be self-sufficient and to manage family issues without ongoing support. More than half of Triple P's parenting strategies focus on developing positive relationships, attitudes and conduct.

3) TUSLA Parenting24seven

TUSLA Parenting24seven provides key messages about what works best for children and families at different stages of childhood and in different situations. The key messages are from a parenting support document outlined by the Child and Family Agency for supporting parents to improve outcomes for children.

4) Non-Violent Resistance (NVR)

The NVR Programme aims to empower and support parents or carers in preventing and responding to the controlling and violent behaviour of children and teenagers. It is a brief, systemic and cognitive behavioural response to child-to-parent violence.

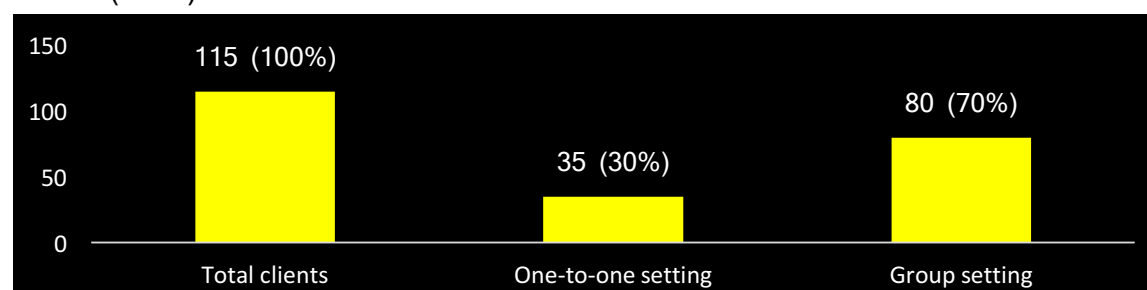
Other practices and approaches used in the development of the Family Support Service within the BLDATF are interventions such as:

- Pacific Institute – STEPS Programme
- Motivational Interviewing
- Cognitive Behavioural Therapy

PROFILE OF TREATMENT DEMAND

The BLDATF Family Support Service provides interventions on a one-to-one and group basis. A total of 115 clients accessed our service in 2018 (Chart 7.9).

Chart 7.9: Clients by intervention setting, BLDATF Family Support Service, DATMS Year 4 (2018)

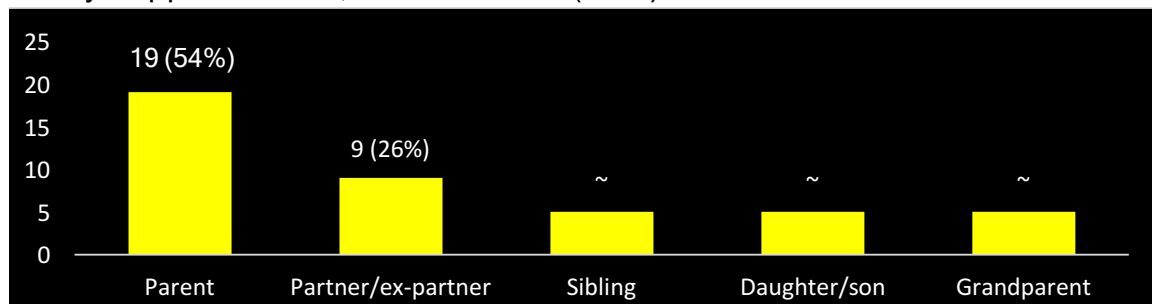


One-to-one service provision

In 2018, 35 family members affected by drugs and/or alcohol attended the BLDATF Family Support Service for one-to-one services. The majority of these clients experienced active drug and/or alcohol use by another family member. The majority of family members were female and in terms of ethnicity, all were white Irish. Most family members were parents concerned about their son or daughters' drug and/or alcohol use (Chart 7.10). Some family members had concerns about more than one member of their family; to protect anonymity, the numbers were too small to be reported.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

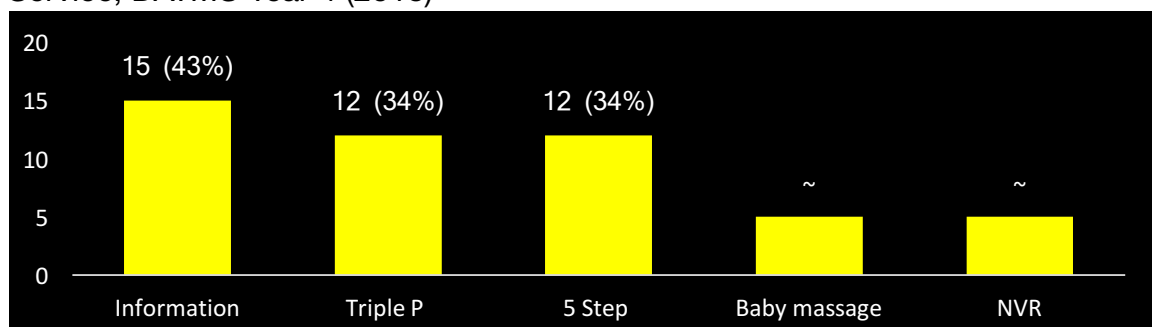
Chart 7.10: Family members relationship to drug and/or alcohol user, BLDATF Family Support Service, DATMS Year 4 (2018)



~ Number of cases too small to be reported (5 or less)

Chart 7.11 reports the number of family members by the types of interventions they received. Some family members completed more than one intervention; to protect anonymity, the numbers were too small to be reported.

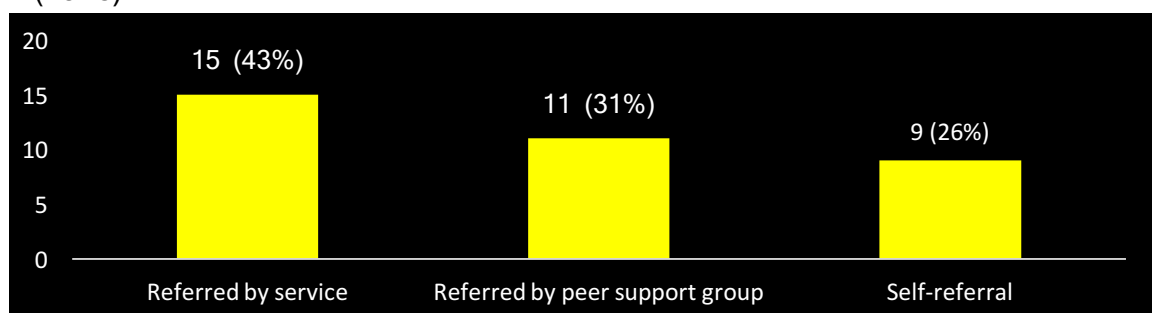
Chart 7.11: Family members by type of intervention, BLDATF Family Support Service, DATMS Year 4 (2018)



~ Number of cases too small to be reported (5 or less)

The majority of clients were referred to our service by other services or peer-led support groups, identifying the importance of inter-agency work (Chart 7.12).

Chart 7.12: How clients accessed BLDATF Family Support Service, DATMS Year 4 (2018)



CASE STUDY: 5 STEP METHOD

A case study was completed with a client who attended our Family Support Service for one-to-one support. The client reported their experience of the 5 Step Method. The client began by describing the disharmony that came from living with someone in addiction and how it negatively impacted everyone in the household. The client identified the importance of a service that adopted a non-judgemental approach and encouraged personal growth. The client reported that the 5 Step Method was delivered in a way that was easily understood and equipped her with tools to manage her situation with confidence. The client stated that the service had a positive impact on her life, empowering her to make positive choices for herself and her children which resulted in the re-establishment of harmony within the home.

I was going through a very hard time with [my partner] using alcohol and drugs...and the house...wasn't a very pleasant place. There was a lot of upset and anxiety, nobody really speaking and worrying, walking on eggshells all the time...He was drinking all the time...smoking [cannabis] all the time...I said to him 'I think you need help and...I'll support you' and he said 'I don't need help'...He got very aggressive around the home and very argumentative and I've got children...I suppose we were afraid and...really upset as well...I was full of anxiety because...I knew it was wrong...I knew it was...a problem...and then all of a sudden it was very chaotic.

Then a [friend] told me about your service...I rang and I got an appointment very soon after that, maybe a week later...That was good for me because I had to build up the courage to go through the door...because I was afraid of speaking to a stranger, like what if we didn't get on, if she judged me, and what if she doesn't get me...but it was the total opposite, a total different experience.

When I came to Sarah Jane (Family Support Coordinator)...I was on my knees...and she explained...that she'd go through a 5 Step programme with me...I found it a bit daunting at first but by the second step I felt so much better. It was a big eye opener for me because the 5 Step made me realise that it wasn't my fault that my partner had a problem... that it was his choice...because I had thought maybe it was my fault...and then I realised that things that I had done with him...I had no other choice at the time.

I also realised that I was always putting other people first...and like it took a few sessions but every time I left...I felt better and stronger and the...tips that Sarah Jane gave me about how to deal with people who are in addiction...I was able to use them with my partner...I found they were great and I still use them...they really helped.

The way the whole thing was delivered was good, I could understand it, I could take it in...The visual pictures that she has on the wall with the 5 Steps and as you're going along you see the steps...It shows you how you're doing and that's really good...And the book [I was given]...I flick through it if I'm struggling...and I find encouragement out of it.

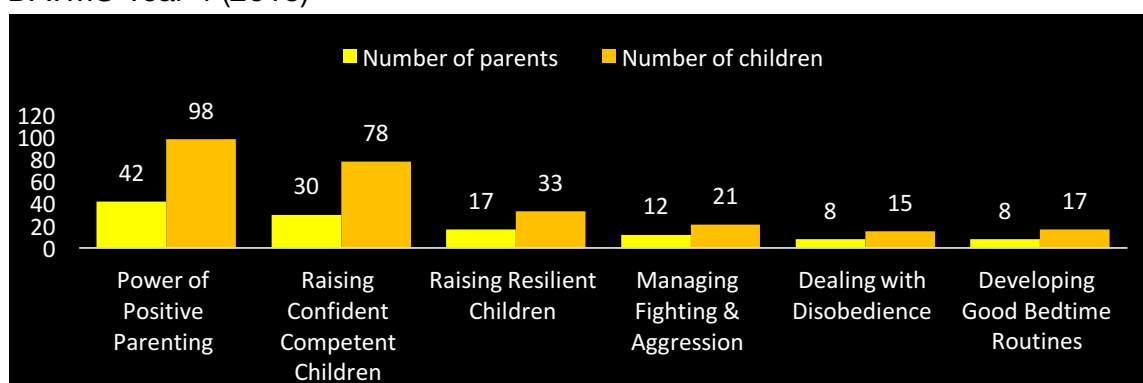
[My partner] went into treatment...and I still support him because I didn't want him to feel that he was on his own but...now that I put myself first I realised that I couldn't put myself back in that situation...So...I just said to him that unfortunately I'll still be friends with him but as far as the relationship goes I can't put myself back there...because I was afraid that if he came back that I'd be caught up again and he'd manipulate me again into different situations. So, it was just better for me and my children.

The 5 Step impacted my life in a positive way...It empowered me to change and be stronger for myself and my children...It's given me the confidence and courage to say 'I'm as important as everybody else'...and to take a new path which I'm on now...It's like I came back to life again. I'm in a great position now...home life is great now...It's gone back to just nice, free, just a lovely feeling in the house again. There's no stress anymore...The 5 Step was just brilliant, and the way Sarah Jane delivered it was brilliant...I'd totally recommend it.

Group service provision

In 2018, the BLDATF Family Support Service operated 12 Triple P seminars and discussion groups. These interventions were for parents with children aged 2 to 12 years old. A total of 80 parents participated in the groups and these parents had a total of 262 children (Chart 7.13). This means that potentially a large number of families benefitted from the groups. Almost 50% of these parents attended more than one seminar and discussion group.

Chart 7.13: Parents and children by Triple P Seminars & Discussion Groups, DATMS Year 4 (2018)

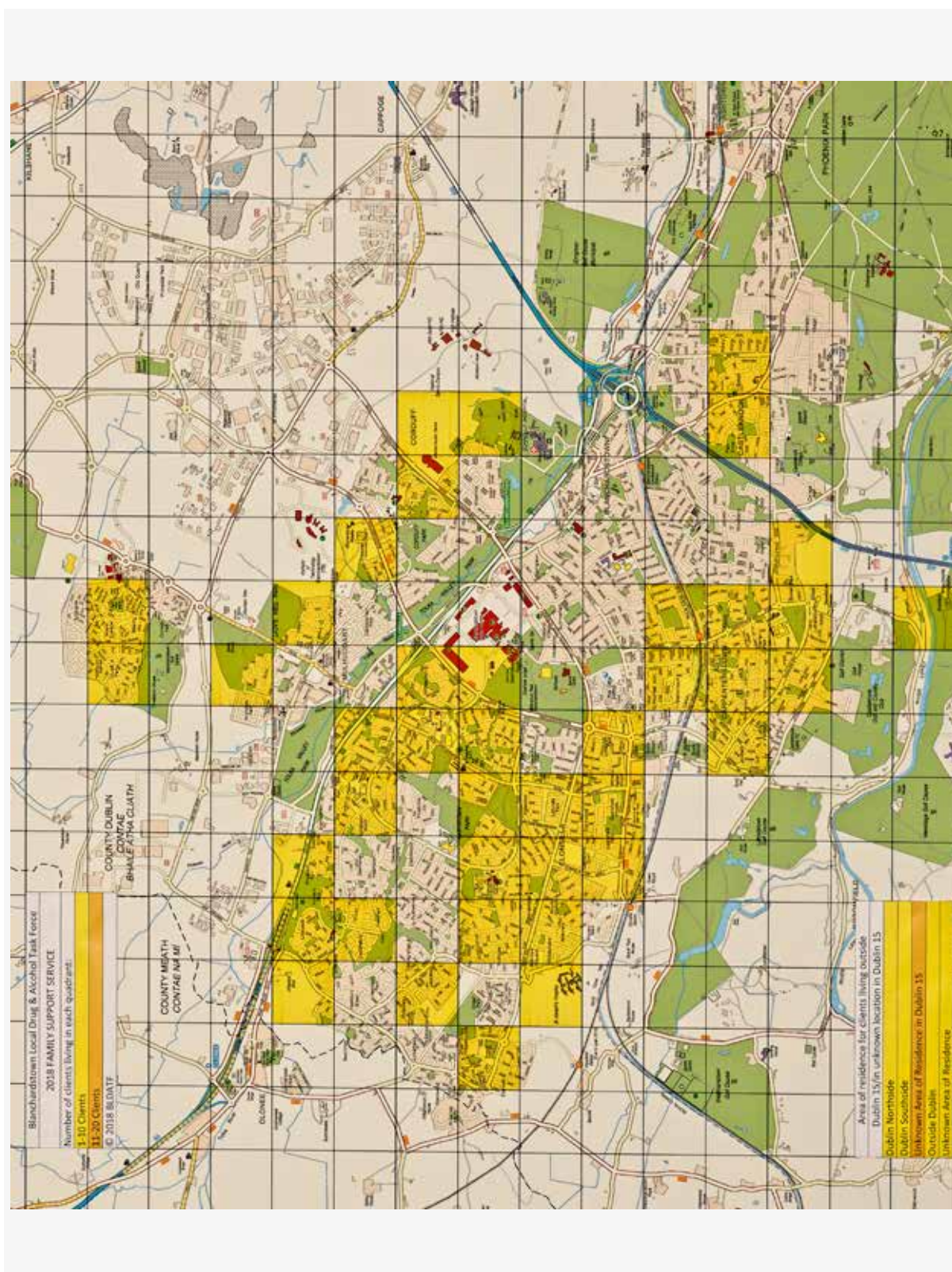


MAPPING TREATMENT DEMAND

Mapping data in Year 4 identifies the following:

- In 2018, clients attending our Family Support Service were from Dublin 15 and outside Dublin 15 (see map overleaf)
- The majority of clients were from Dublin 15:
 - The data identifies that clients were from every community in Dublin 15, from the affluent to the deprived
 - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries

YEAR 4 FAMILY SUPPORT SERVICE 2018



YEAR 4
FAMILY SUPPORT
SERVICE 2018

LOCAL FAMILY SUPPORT SERVICES & PEER-LED GROUPS

Local community services provide family support through one-to-one and group interventions for children, young people and adults. Table 7.3 reports the services and peer-led groups that provided data; it identifies that while not all provided data, most did complete annual returns.

Table 7.3: Local family support services and peer-led groups by data returns, DATMS Year 3 (2017) & 4 (2018)

Local Community Service/Peer-Led Group	2017	2018
Blakestown Mountview Youth Initiative	√	√
Mulhuddart/Corduff Community Drug & Alcohol Team	√	√
Genesis Psychotherapy & Family Support Service	√	X
Neighbourhood Youth Project	√	√
D15 CAT (Community Addiction Team)	*	√
Blanchardstown Youth Service, Working to Enhance Blanchardstown	X	√
Peer-Led Groups (P2P, Craft, Cri Croiga 1 & 2)	X	√

√ Data provided

X No data provided

* Service opened in October 2018

Profile of treatment demand

The following data reports a profile of family members who received support from local community services and peer-led groups in 2017 and 2018. Treatment demand data contains no unique identifiers and clients are counted more than once if they attend more than one local service or peer-led group. Thus, this profile reports the number of cases rather than the number of clients. A total of 149 cases received family support services in 2017 and this increased to 389 in 2018; a demographic profile of cases is provided (Charts 7.14 and 7.15).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 7.14: Cases by gender, Local Community Services & Peer-Led Groups, 2017 & 2018

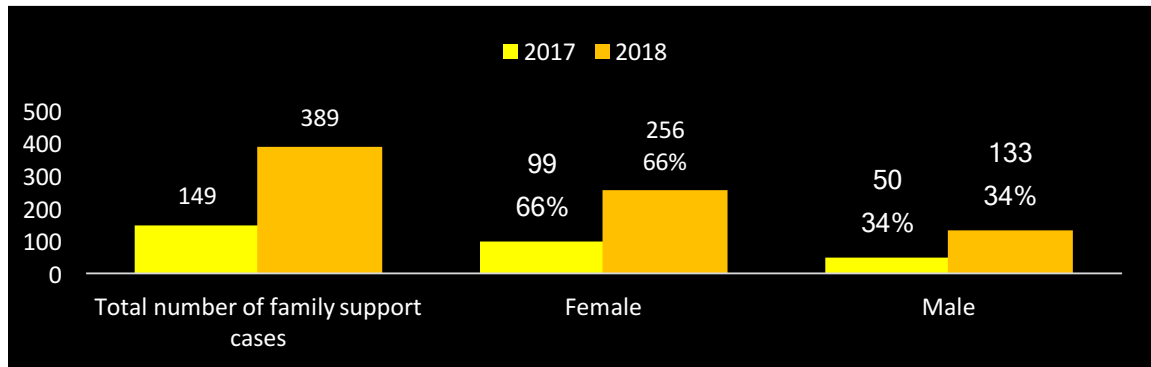
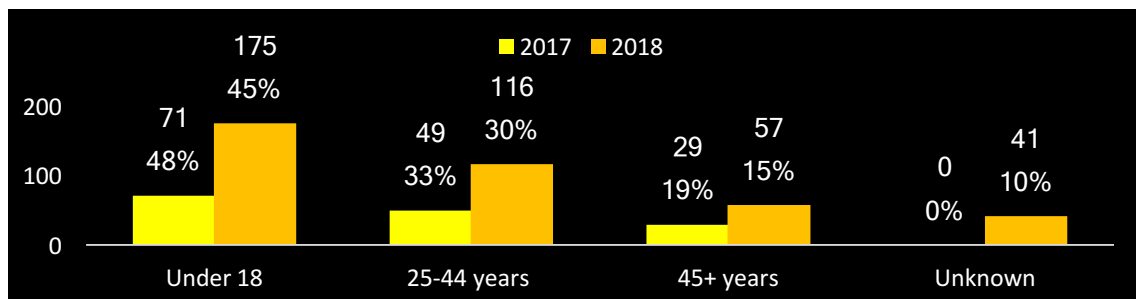
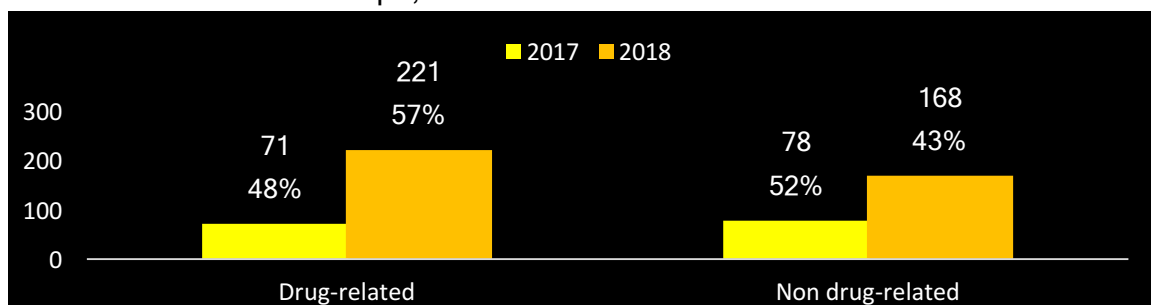


Chart 7.15: Cases by age, Local Community Services & Peer-Led Groups, 2017 & 2018



In 2017, 71 cases experienced active or chaotic drug use by another family member, and this increased to 221 in 2018 (Chart 7.16). For both years, the actual number of family members receiving support was higher due to some services and peer-led groups not providing data.

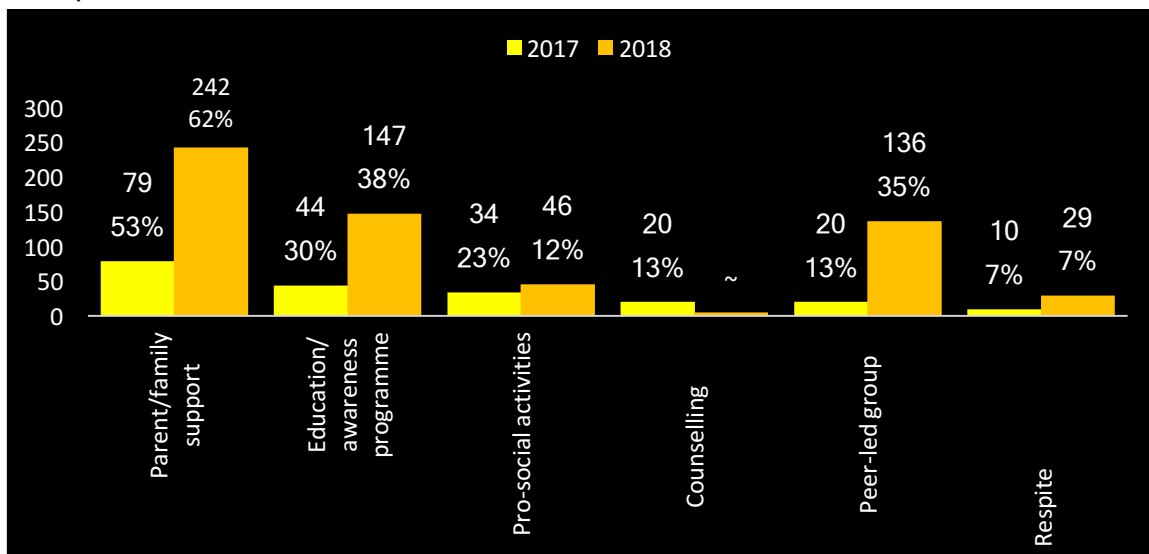
Chart 7.16: Cases by drug-related status of family members, Local Community Services & Peer-Led Groups, 2017 & 2018



The services received by family members and the length of time attending services are reported in the charts below (Charts 7.17 and 7.18).

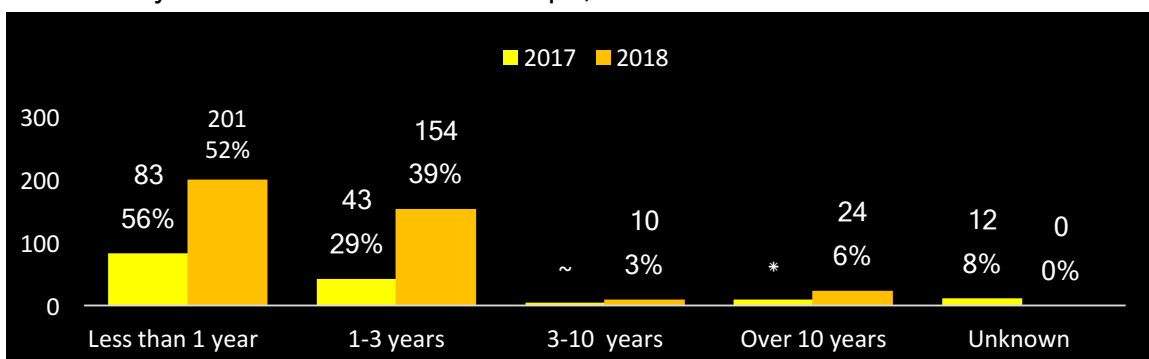
CONSEQUENCES OF DRUG AND ALCOHOL USE

Chart 7.17: Cases by type of service, Local Community Services & Peer-Led Groups, 2017 & 2018



Category totals exceed total number of cases, as some cases received more than one intervention
 ~Number of clients too small to be reported (5 or less)

Chart 7.18: Cases by length of time attending family support services, Local Community Services & Peer-Led Groups, 2017 & 2018



Category totals exceed total number of participants as some cases received more than one intervention

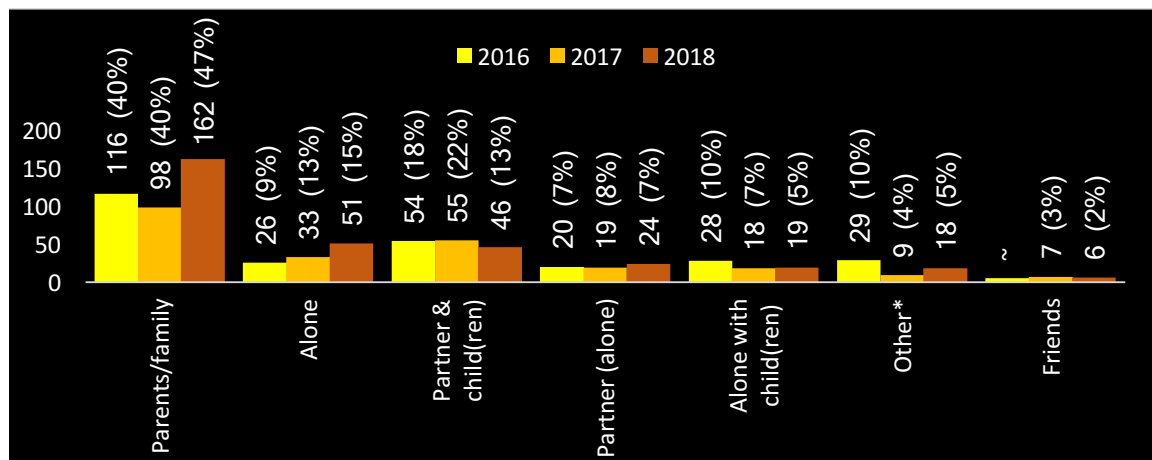
~Number of clients too small to be reported (5 or less)

*Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

NDTRS data reports the accommodation status of assessed and treated cases. It identifies that from 2016 to 2018 the majority of cases were living with family (Charts 7.19 and 7.20). Thus, identifying the need for family support services.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 7.19: All cases living in BLDATF area and by accommodation status, NDTRS 2016 to 2018

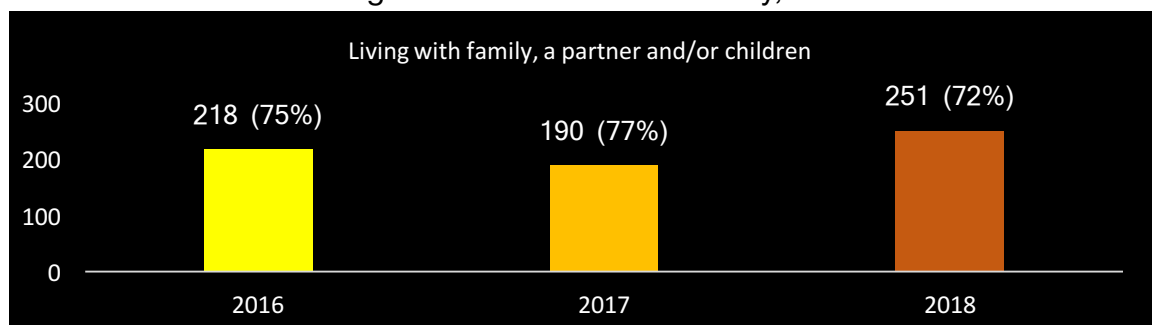


Annual totals less than 100% as unknown cases removed

* Includes cases living in institutions, residential care, halfway houses or prisons

~ Number of cases too small to be reported (5 or less)

Chart 7.20: All cases living in BLDATF area with family, NDTRS 2016 to 2018



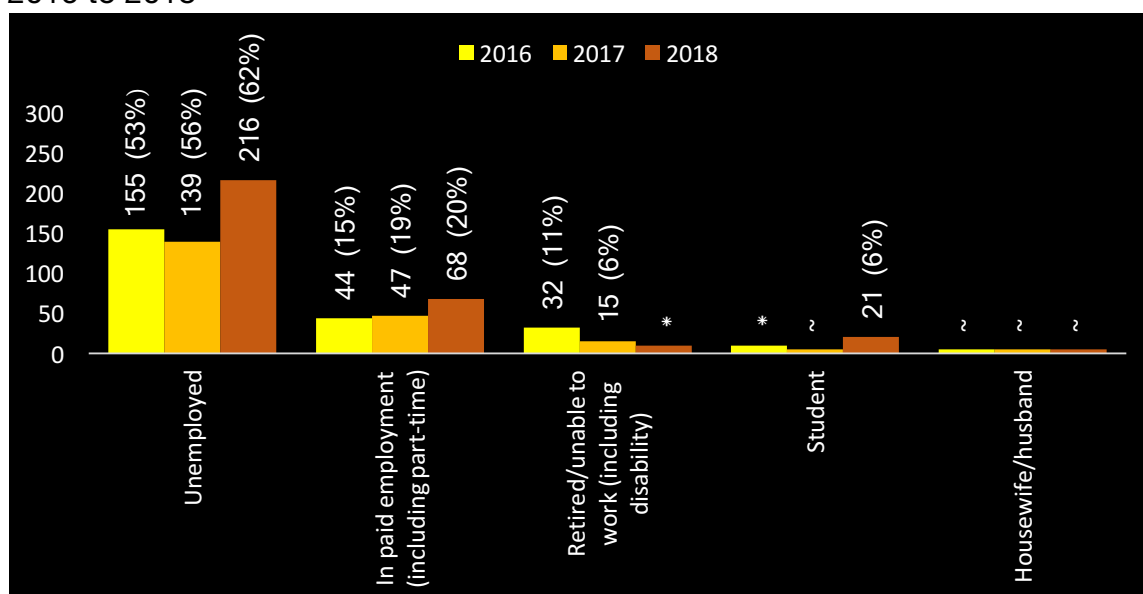
FINANCIAL

From Year 1 to 4, service providers and treated drug users reported high levels of drug-related poverty. Drug use was prioritised over living expenses and some reported using moneylenders. Increasing housing costs, unemployment and drug debts added further to levels of poverty.

EMPLOYMENT

From Year 1 to 4, treated drug users reported difficulties maintaining employment due to drug use, with many unemployed. They also reported leaving employment to enter treatment. For those in recovery, getting back into the workforce after being out for a length of time proved challenging. NDTRS data reports that the majority of treated cases from 2016 to 2018 were unemployed (Chart 7.21).

Chart 7.21: All cases living in BLDATF area and by employment status, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

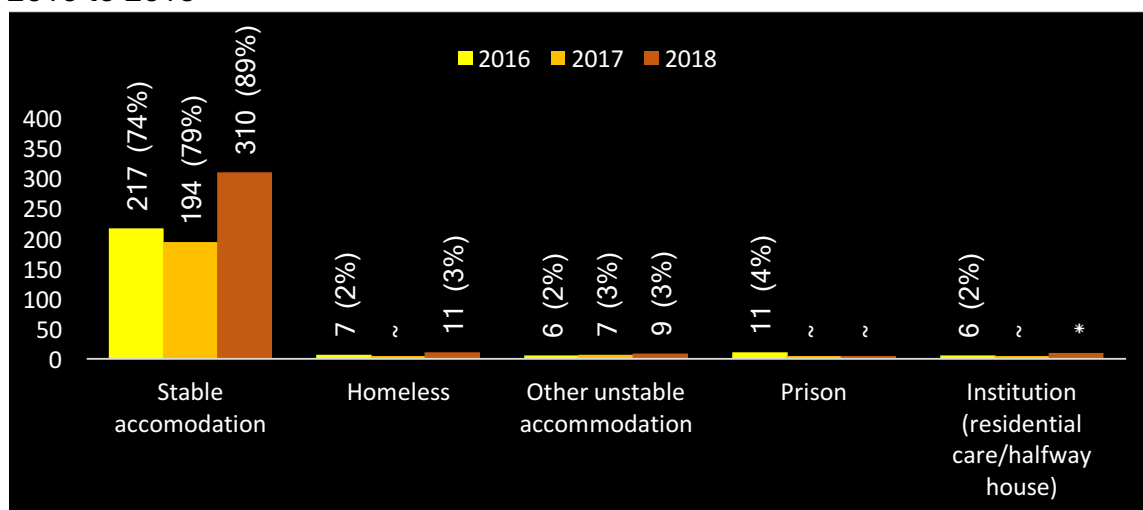
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

HOUSING

In all four years of the DATMS, participants reported that housing was compromised due to drug use and anti-social behaviour, including drug dealing and drug debt intimidation. These anti-social behaviours also impacted negatively on drug users' families and community. The financial difficulties reported above further compromised housing. The consequences for treated drug users included exclusion from the family home and homelessness. Despite this, NDTRS data from 2016 to 2018 reports the majority of cases assessed or treated were in stable accommodation (Chart 7.22).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

Chart 7.22: All cases living in BLDATF area and by accommodation status, NDTRS 2016 to 2018



Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

EDUCATION

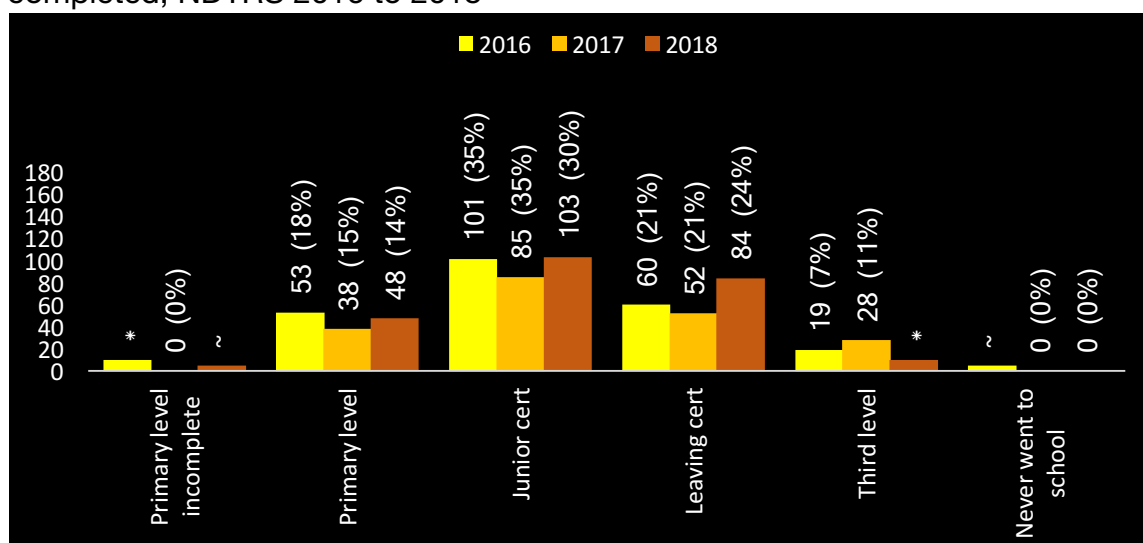
From Year 1 to 4, service providers reported that drug use by parents and young people affected school attendance, performance and educational attainment, and in some cases resulted in early school leaving or expulsions.

Under performance in education was also reported by the NDTRS data. Charts 7.23 and 7.24 report cases assessed and treated by highest level of education completed, and the age cases left school from 2016 to 2018. These cases have lower educational attainment when compared with the general population of Dublin 15²².

²² Educational attainment of Dublin 15 population reported in chapter 'Socio-demographic profile of Dublin 15, 2006-2016'

CONSEQUENCES OF DRUG AND ALCOHOL USE

Chart 7.23: All cases living in BLDATF area and by highest level of education completed, NDTRS 2016 to 2018

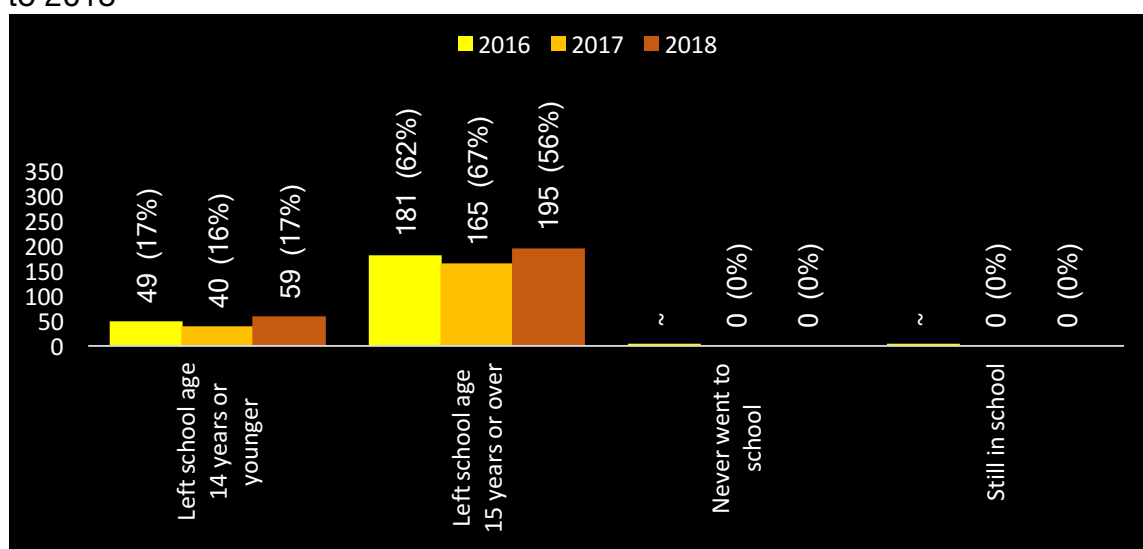


Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

Chart 7.24: All cases living in BLDATF area and by age left school, NDTRS 2016 to 2018



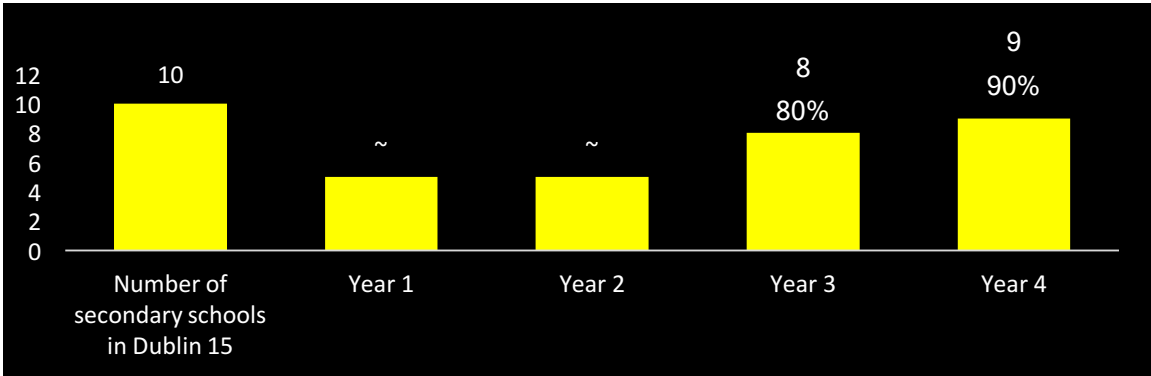
Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

Drug use in Dublin 15 secondary schools

Year 1 to 4 reported that some secondary school student’s education was compromised due to drug use before and during school time. There are ten secondary schools in Dublin 15. Chart 7.25 reports the number of schools with evidence of drug use before and/or during school from Year 1 to 4. Since Year 2, participants reported that these schools were located in affluent and deprived areas and included those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries. In Year 3 drug use was occurring in 80% of local schools and this increased to 90% in Year 4.

Chart 7.25: Number of Dublin 15 secondary schools with evidence of drug use before &/during school time, DATMS Year 1 to 4



~Number of schools too small to be reported (5 or less)

Profile of school-based drug users

From Year 1 to 4, there has been a change in the profile of school-based drug users. These drug users are getting younger and they are from all ethnic groups. An increase in the types of drugs used during school time has also been reported (Table 7.4).

CONSEQUENCES OF DRUG AND ALCOHOL USE

Table 7.4: Profile of school-based drug users, DATMS Year 1 to 4

Year	Drug type	Norm age	Youngest age	Gender	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
1	Cannabis herb	14	12	M & F*	√				
2		14	12	M & F*	√				
3		14	12	M & F*	√		√	√	√
4		13	12	M & F*	√	√	√	√	√
1	Cocaine powder	^							
2		^							
3		14	14	M & F*	√				
4		15	14	M & F*	√				
1	MDMA (pills)	^							
2		^							
3		14	14	M & F*	√				
4		14	14	M & F*	√				
1	Benzodiazepines Z drugs	~							
2		~							
3		~							
4		13	13	M & F*	√				

* Male & female, though predominately males

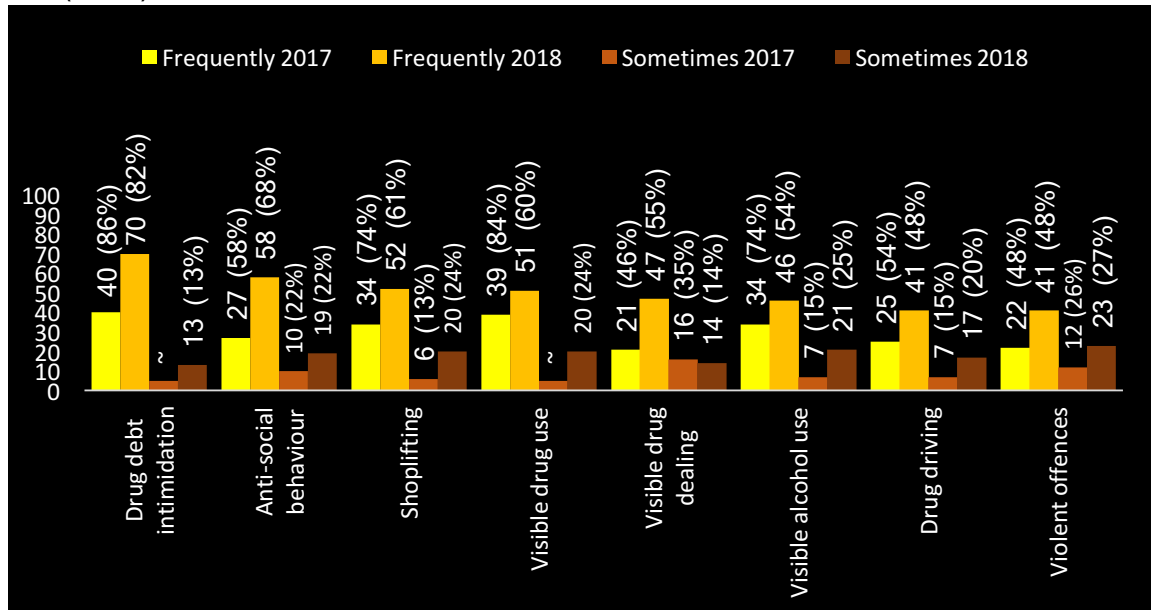
^ Use of drug during school time first reported in Year 3

~ Use of drug during school time first reported in Year 4

3) DRUG AND ALCOHOL-RELATED CRIME

All four years of the DATMS reported the existence of drug-related crime in Dublin 15. Participants reported perceptions concerning the frequency with which drug-related crime occurred in 2017 and 2018 (Charts 7.26 and 7.27). In Year 4, drug debt intimidation was the most frequently reported followed by anti-social behaviour.

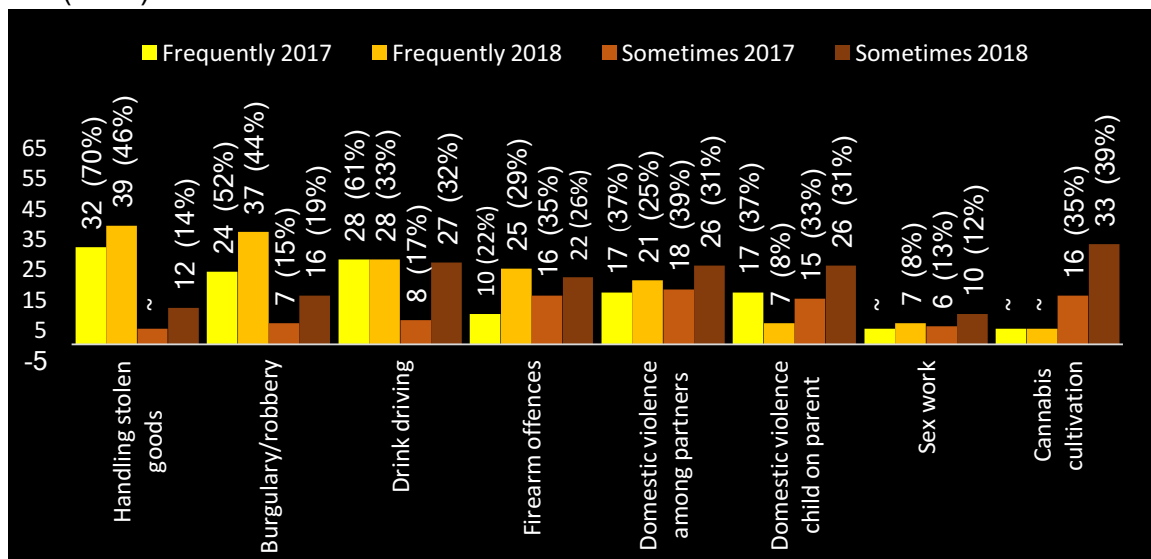
Chart 7.26: Frequency of drug-related crime in Dublin 15, DATMS Year 3 (2017) & 4 (2018)



~Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

Chart 7.27: Frequency of drug-related crime in Dublin 15, DATMS Year 3 (2017) & 4 (2018)



~Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

CONSEQUENCES OF DRUG AND ALCOHOL USE

Participants reported perceived changes in the frequency of drug-related crime from Year 2 to 4 (Charts 7.28 and 7.29). Drug-related crimes with the largest increase included visible use of drugs in the community, drug debt intimidation and the visibility of drug dealing in Dublin 15.

Chart 7.28: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 2 to 4

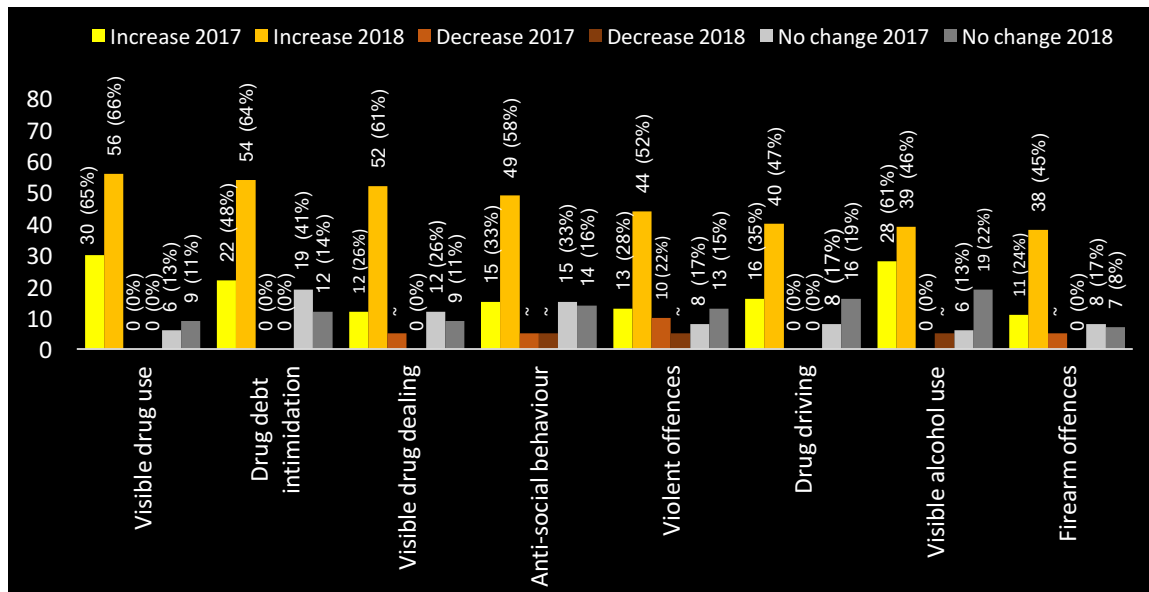
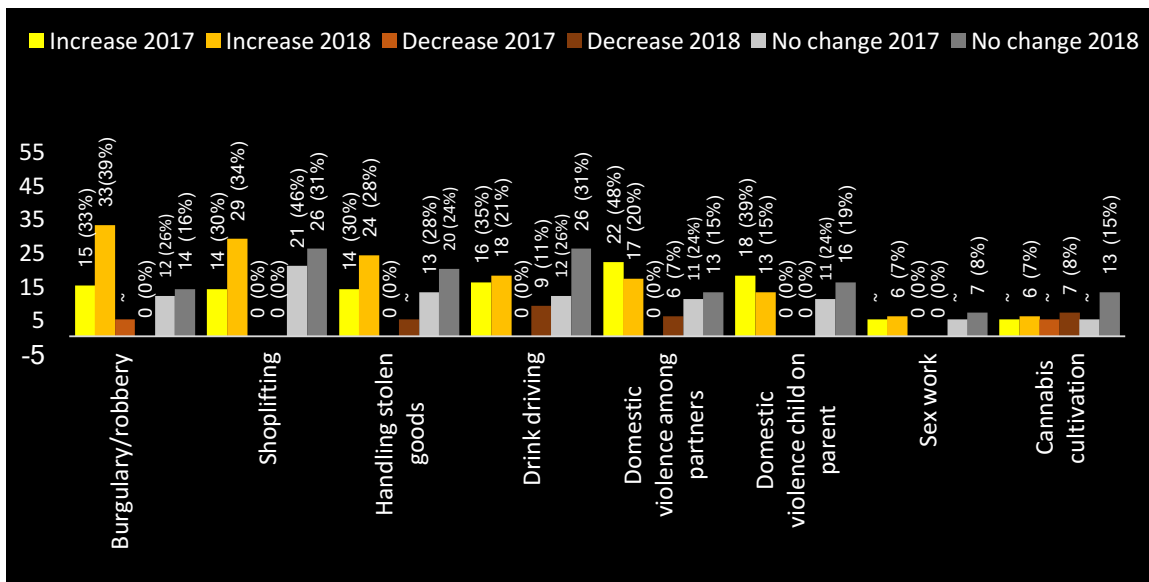


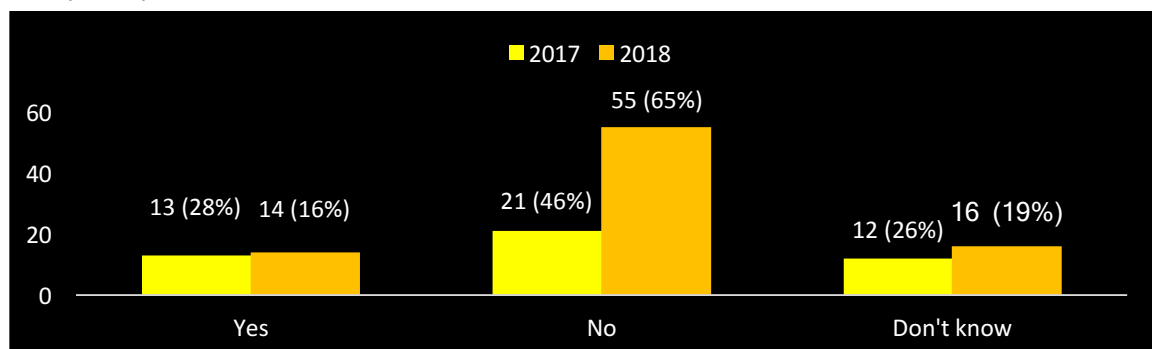
Chart 7.29: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 2 to 4



Drug debt intimidation

Similar to previous DATMS reports, drug debt intimidation takes many forms including forcing victims to hold or deal drugs or hold firearms to pay off debts. This could partly explain the perceived increase in the number of people dealing drugs since Year 2²³. Gardai intervention was rarely sought (Chart 7.30), with victims and families paying debts to protect their families.

Chart 7.30: Reporting of drug debt intimidation to Gardai, DATMS Year 3 (2017) & 4 (2018)



Year 3 and 4 participants reported that drug debt intimidation was rarely reported to the Gardai because:

- Victims were fearful the intimidation would escalate
- Victims were fearful of highlighting their criminal activity
- Perception that Gardai did not have the capacity to provide much assistance
- Victims would be considered a 'grass' within the community

Gardai data for Year 1 and 2 stated that the number of families reporting drug debt intimidation to Gardai were too small to be reported (to protect anonymity). In Year 3 and 4, An Garda Síochána reported that drug debt intimidation remains an issue in Dublin 15, though due to the confidentiality of the Drug Related Intimidation Reporting Programme no data concerning these drug-related offences could be provided.

²³ Reported in the chapter 'Factors contributing to drug use'

8. SERVICE PROVISION

This section reports strengths and gaps in local service provision identified by research participants in Year 4.

STRENGTHS OF ADDICTION SERVICES IN DUBLIN 15

- The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation, to drug free and rehabilitation programmes for adults
- The service provision for under 18s has been improved with the development of the new community drug team D15 CAT
- The service provision for family members affected by drug use has been improved with the development of BLDATF Family Support Service and D15 CAT
- Family support groups (both peer and facilitated) provide supportive and non-judgemental environments for family members affected by drug use

GAPS IN SERVICE PROVISION IN DUBLIN 15

Gaps underlined were also reported in previous DATMS reports. Barriers to accessing treatment and to social rehabilitation are highlighted in *italics*.

EDUCATION & PREVENTION

- Improve drug prevention programmes for under 18s; service provision to include:
 - After school diversionary programmes, youth cafes
 - Information about drug use, mental health and reducing the stigma associated with seeking help for drug or mental health issues
- Funding for public awareness campaign 'Think before you buy' that highlights the link between recreational drug use and its negative consequences for individuals, families and communities
- Increase access to skills based mental health wellbeing programmes for young people and adults that focus on the development of mental health protective factors

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 4

- Increase knowledge of local service provision on a local and targeted basis; service provision to include:
 - Public awareness of service provision
 - Education and information for family members new to addiction services to assist them to navigate and understand the types of services available for themselves and their family members
- Education and information for family members about latest drug trends including drug types, signs and symptoms of drug use

TREATMENT

- Improve treatment programmes for under 18s and young people aged 18 to 25 years; service provision to include:
 - Work experience/apprenticeships
 - Service provision to *pro-actively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment*
- Improve access to naloxone, the antidote to an opioid overdose
- Improve access to childcare to increase access to treatment and rehabilitation services:
 - *Part-time day programmes for women who have children*
 - *Develop a stabilisation programme for non-opioid polydrug users; service provision to be provided in a one-to-one capacity in preparation for group work*
- Integrate counselling and rehabilitation services into methadone maintenance treatment
- Improve access to benzodiazepine and heroin detoxification programmes including community-based services
- Improve access to peer-led support services such as Narcotics Anonymous, Cocaine and Cannabis Anonymous
- Increase access to counselling, mental health clinical assessments and treatment services for children, young people and adults; service provision to include:
 - Out-of-hours services

REHABILITATION

- Improve access to aftercare services; service provision to include:
 - Drug-free social club
 - Facilitated support services
- Increase access to training, employment and apprenticeships
- Increase access to housing

REFERENCES

Central Statistics Office (2006, 2011, 2016) Electoral Division and Small Area Analysis Pobal Maps CSO Population Census 2006, 2011, 2016. Downloaded from www.census.cso.ie

European Monitoring Centre for Drugs and Drug Addiction (2019) *European Drug Report 2019: Trends and Developments*. Publications Office of the European Union, Luxembourg.

Galligan K & Comiskey C (2019) *Hidden harms and the number of children whose parents misuse substances: A stepwise methodological framework for estimating prevalence, substance use and misuse*. Substance Use & Misuse, Early online.

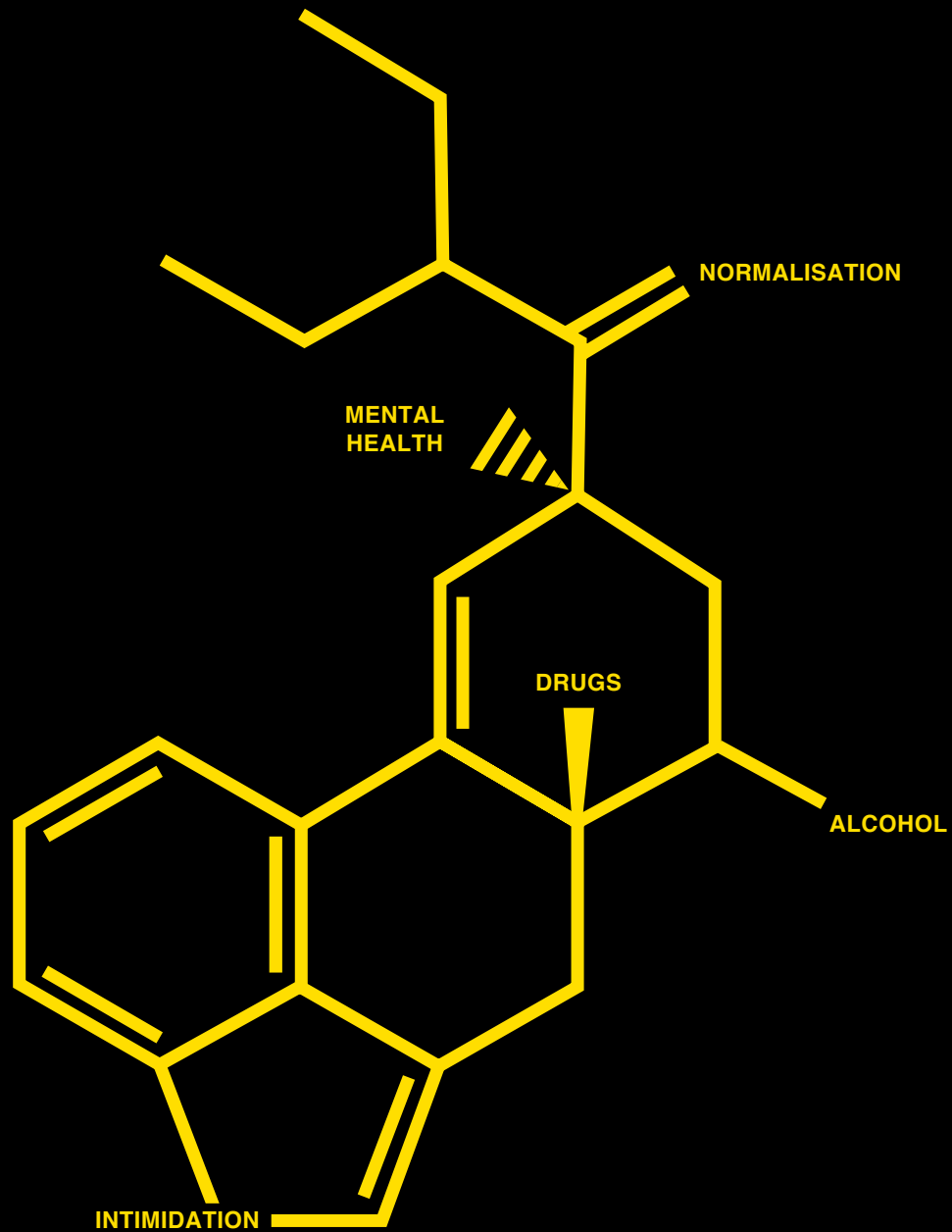
Health Research Board (2019) *Drug Treatment in Ireland 2011 to 2017*. Available at: www.drugsandalcohol.ie/30197 and at www.hrb.ie/publications.

Health Research Board (2019) *Ireland Country Drug Report 2019*. Available at: http://www.emcdda.europa.eu/countries/drug-reports/2019/ireland_en

Health Research Board (2019) *National Drug-Related Deaths Index 2004 to 2016 data*. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/30174/>

Health Research Board (2016) National Drug Treatment Reporting System (NDTRS) Protocol for completing the hard copy form. Health Research Board, Dublin.

National Advisory Committee on Drugs and Alcohol (2016) *Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland. Bulletin 1*. Dublin: National Advisory Committee on Drugs and Public Health Information and Research Branch, Dublin.



Blanchardstown LDATF
37a Coolmine Industrial Estate,
Blanchardstown,
Dublin 15, D15 X6XD

T: 01 824 9590

W: www.blddf.ie